

GREAT FALLS COLLEGE MONTANA STATE UNIVERSITY
ACKNOWLEDGMENT OF RISK AND CONSENT FOR TREATMENT FOR STUDENT TRAVEL PARTICIPANTS

If you are participating in a student organization/class-sponsored trip, please complete the following at least 5 days before your departure date. All participating travelers must complete.

Note: If you are a minor/under 18 years of age, your parent/guardian will need to complete this form on your behalf for you to participate.

First Name _____ Last Name _____

Email _____ Phone # _____

Student Organization/Class you are traveling with _____

Last 4 Digits of Your Student ID Number -0XXX _____

EMERGENCY CONTACT INFORMATION:

Please provide us with a contact person in case of emergency during your travel.

Name of Emergency Contact Person _____

Relationship to You _____

Emergency Contact Phone Number _____

STUDENT TRAVEL ACKNOWLEDGMENT OF RISK

IN CONSIDERATION OF THE ACCEPTANCE OF MY PARTICIPATION IN THIS ACTIVITY/EVENT, I am aware that participation in activities associated with this activity involves inherent risks. I understand that potential dangers include, but are not limited to:

- Accidents during transportation
- Effects of temperature extremes
- Accidents due to negligence by participants
- Theft
- I fully realize and assume the risks of participating in this activity/event. I further represent that I have no physical or mental condition, which, to my knowledge, would endanger me or others, if I participate in the activity.
- I agree to abide by applicable rules and regulations and all laws while participating in this activity.
- I understand and agree that I will comport myself in a manner that is consistent with all laws and the requirements of the GFC MSU Student Conduct Code. Any misconduct that occurs on a student trip may be subject to withdrawal of the student's right to participate and/or discipline under the Student Conduct Code.
- I have read this document and fully understand its contents; I represent that I am at least eighteen (18) years of age and fully competent and that I fully intend to be bound by the terms of this agreement.

Participant Signature

Guardian(s) Signature (if participant is under the age of 18 years)

Sign if you agree to the above

MEDICAL CONSENT AGREEMENT

If I should require medical treatment because of injury or illness during the trip(s), I consent to such treatment in an emergency, or if at the time of injury or illness, I am unable to consent to such treatment.

I acknowledge that Great Falls College MSU does not provide health and/or accident insurance for trip participants and I agree to be financially responsible for any medical bills incurred as a result of an emergency or other medical treatment I may require while participation in student organization/class-related travel. I agree to notify Great Falls College MSU's Chief Student Affairs Officer, in writing if I have medical conditions about which emergency medical personnel should be informed and that person will notify the trip leader/organizer. In the case of injury or incident, I will be responsible for my own travel arrangements home as well as any expenses accrued for these arrangements.

I acknowledge that I have read the foregoing MEDICAL CONSENT, understand it, and sign it voluntarily. I am at least eighteen (18) years of age or I have had this document signed by my legal guardian, and I am fully competent and I fully intend to be bound by the terms of this agreement. I understand that this document and the information on it will be shared with medical personnel in the event of medical necessity. I also understand that the Office of the Associate Dean for Student Affairs will have copies of this document in their possession for the duration of my trip.

Participant Signature

Sign if you agree to the above.

Date

Guardian(s) Signature (If participant is under the age of 18 years)

Date

GROUP LEADER MUST GATHER COMPLETED FORMS AND SUBMIT TO THE OFFICE OF THE ASSOCIATE DEAN FOR STUDENT AFFAIRS, G1, ADMINISTRATION AREA, 406-771-4304.

Section 3 (General Information)

To request disability accommodations for this field trip, please contact the travel leader.