

**STATEMENT OF PERSONAL RESPONSIBILITY & RELEASE REGARDING PARTICIPATION IN
WASHINGTON UNIVERSITY STUDENT FIELD TRIP
(for students aged 18 or older only)**

1. I, _____, am a student at Washington University in Saint Louis (the “University”).
2. I wish to participate in a Field Trip (the “Event”) during the Spring 2017 semester as part of my enrollment in Professor Catalano’s course entitled Introduction to Soil Science (the “Course”). I acknowledge that my enrollment in the Course is entirely voluntary. The Event destination is Tyson Research Center.
3. I understand and appreciate the dangers, hazards and risks inherent to the Event, including but not limited to transportation to, from, and around the Event destination, natural disasters, inclement weather, accidents, illnesses, crimes, strikes, work stoppages, labor disputes, riots, terrorist activities or attacks, and any risks associated with independent activities I undertake as an adjunct to the Event, all of which could include serious or even fatal injuries or property damage or loss. Specific dangers, hazards, and risks associated with this particular Event include getting muddy, using a shovel, and hiking up and down a hill. I further understand that the University cannot and does not assume responsibility for such events or personal injuries or property damage arising there from even if such injury or damage is a result of the negligence of the University or other parties released. I also accept that it is my sole responsibility to participate only in those activities for which I have the prerequisite skills, qualifications, preparation, and training, and that I have read and understand the conditions applicable to the Event. I further accept and agree to follow all instructions pertaining to the Event, particularly those regarding safety and security practices.
4. **With full awareness of the dangers, hazards and risks of the Event, and in consideration of being permitted to participate, on behalf of myself, my family, heirs, and personal representatives, I agree to assume all the risks and responsibilities surrounding my participation in the Event and, in advance, release, waive, forever discharge, and covenant not to sue the University, or its governing boards, officers, agents, employees, students, and/or volunteers (collectively, the “Releasees”) for any harm, damage, claim, demand, action, cause of action, cost or expense of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage or injury, including but not limited to physical injury, suffering or death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees in connection with the Event. This waiver does not pertain to incidents involving gross negligence and/or willful misconduct by the University and/or its agents. It is my express intent that this release and hold harmless agreement shall be deemed a release, waiver, discharge and covenant not to sue the Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family arising out of my participation in the Event.**
5. I understand that I am expected to behave in a manner consistent with the Washington University Judicial Code and all other applicable University policies. I know that I am subject to local law and agree to obey all laws and ordinances of jurisdictions where I may be during my participation in the Event. I understand that if I do not behave in accordance with policy and law, I may be asked to leave the Event and will be responsible for all personal expense thereafter, including return transportation.
6. I am aware of my own personal medical needs and hereby warrant that there are no health-related reasons or problems that preclude or restrict my ability to participate safely in the Event. I assume all risk and responsibility for my medical needs, and understand and agree that if I must be hospitalized or otherwise receive medical care, the University cannot and does not assume legal responsibility for payment of such costs. I hereby warrant that I have adequate health insurance coverage to meet any and all needs for payment of medical costs while undertaking the Event. I hereby grant permission to the Releasees to authorize emergency medical treatment for me, and understand and agree that neither the University nor any of the other Releasees assume any responsibility for any injury or damage that may arise out of or in connection with such authorization.

7. I warrant that I am at least eighteen (18) years of age and fully competent to sign this Release; that I understand the terms contained herein are contractual and not a mere recital; that I have read this Release with full knowledge of its significance; and that I have signed this Release as my own free act.
8. I agree that this Release shall be construed in accordance with the laws of the State of Missouri. If any term provision of this Release shall be held unenforceable, illegal, or in conflict with any governing law, the validity of the remaining portions shall not otherwise be affected.

**THIS IS A RELEASE OF LEGAL RIGHTS.
READ IT AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.**

ACCEPTED AND AGREED:

(Signature)

(Date)

(Printed Name)