FIELD TRIP
PARTICIPANT AGREEMENT & LIABILITY WAIVER

IN CONSIDERATION FOR BEING ALLOWED TO PARTICIPATE IN THE FIELD TRIP ON _____, FOR _____ (class) WITH _____ (instructor), I AGREE AS FOLLOWS:

1. That I will fully cooperate with the field trip instructor and assistants;
2. That I do not have any physical, mental, or emotional disability or illness that would cause me any difficulties or harm as a participant in the field trip and that I currently have medical insurance;
3. I knowingly and voluntarily assume all such risks that I may sustain in connection with participation and attendance on the field trip, including but not limited to, injury sustained through forces of nature, falling, slipping, and any accident or illness that may occur while I am participating in any activities and any damage or loss to my personal property.

   Furthermore, in consideration of the permission granted to me to participate in the field trip, on behalf of myself, my heirs, legal representatives, and assigns, I release and discharge the State of Idaho, Lewis-Clark State College, their administrators, directors, coordinators, employees, or their agents from liability for any injuries or property loss or damage I may sustain while participating in the field trip, even if arising out of the negligence on their part. This release, however, does not extend to loss or damage arising out of *intentional acts* by, or from *gross negligence of*, the administrators, directors, coordinators, employees, or agents of Lewis-Clark State College.

Participant Printed Name:	**Participant Signatures:**	**Date:**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____