

**UNIVERSITY OF ILLINOIS  
AT URBANA-CHAMPAIGN  
Field Trip Consent and Waiver**

**Section 1: Description**

- **Field Trip Location:** \_\_\_\_\_
- **Physical activities associated with the field trips include:** Low impact physical activities such as walking indoors and outdoors.

**Section 2: To be completed by field trip participant**

I acknowledge there are certain risks, hazards and dangers associated with my voluntary participation in this activity including risk of physical injury, disability, or death and risk of loss of use or damage to my personal property. Risks include but are not limited to transportation accidents, weather related hazards and natural disasters, infectious diseases, the possibility of slips and falls, pinches, scrapes, twists and jolts, which could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life-threatening hazards, including death. I understand that injury or loss may result from unknown or unexpected risks, but may also result from the use of facilities agreed to by University personnel, environmental conditions, from the acts or omissions of others, or from the unavailability of immediate emergency medical care.

I understand and hereby acknowledge that I assume all risks incurred by my participation in the **MSPE field trip**. I understand no one from the University can guarantee my personal health or safety at any point during this activity, nor will I hold the University of Illinois, its Board of Trustees, officers, agents and/or employees accountable for my health and well-being or for loss of my personal property. I will turn to my accident and health insurance carrier for any medical bills associated with injury or illness related to this activity.

I release the Master of Science in Policy Economics Program and its staff from any and all responsibility for any problems that may arise during the \_\_\_\_\_ field trip during the period of \_\_\_\_\_.

I am competent to sign this release of liability in favor of the University of Illinois. I have read and understood all the provisions noted herein and intend it to be binding on me and my heirs, successors, assigns and personal representatives.

**PARTICIPANT:**

\_\_\_\_\_  
Name (print last name, first name)      Signature      (Date: mm/dd/yyyy)

Relationship to MSPE student (e.g. spouse, child 18 or older): \_\_\_\_\_

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**MSPE STUDENT:**

\_\_\_\_\_  
Name (print last name, first name)      Signature      (Date: mm/dd/yyyy)