

**FIELD TRIPS
WAIVER OF RIGHT TO CLAIMS**

I, _____, hereby acknowledge that participation in the field trips on the attached list as a student in the Agriculture program may involve a certain degree of risk and/or danger to my person or property. I confirm I am physically and mentally capable of participating in this field trip/activity. Furthermore, I understand it is my responsibility to securing documentation including passports and health and travel insurance when travelling outside of the province of British Columbia.

I understand that all field trips involve travel by motor vehicle to and from UFV. I understand that my participation in these activities, including participation in any extra curricular may involve a certain degree of risk and/or danger to my person or property.

I hereby accept the risks and dangers of my participation, regardless of the nature of my injury(ies) I may receive and regardless of the manner they occur.

I hereby release the University of the Fraser Valley, its employees, volunteer staff, officers, and agents from any and all claims, damages and expenses upon my death, bodily or mental injury, or damage to my property or that property entrusted to my care that takes place as result of my participation.

Dated at the UFV Chilliwack North campus, on the _____ day of _____, 20__

SIGNATURE _____ Age of student during field trip* _____

*If 18 years or under, student must have guardian must sign the Waiver of Rights to Claim for Field Trips.

Name: (print) _____	Birth date: ___/___/19__
Address _____	
Telephone: _____	Fax: _____ Student Number: _____
Medical Information (Care Card Number) _____	
Medical conditions/allergies: _____	
Family Doctor Name: _____	Telephone: _____
Emergency Contact: (Name) _____	
Address: _____	
Telephone: _____	Cell: _____ Email: _____