

Rhode Island School of Design Assumption of Risk and Release of Liability

Filed Trip Location:

Department:

Course Name:

Date(s) of Activity:

READ BEFORE SIGNING

In consideration of my participation in the Activity described above, I agree as follows:

1. **Assumption of Risk.** I understand and acknowledge that my participation in this Activity may involve serious risk, including but not limited to risk of property damage, bodily injury, permanent disability, paralysis and death. These risks may result from the participation in the Activity, the acts of others, or the unavailability of emergency medical care or immediate staff response. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation in the Activity.
2. **Certification.** I am in sufficient physical and mental health and do not have any physical or mental conditions that could affect my ability to safely participate in the Activity. I am aware that the College will not be providing on call medical personnel. I have had the opportunity to inspect any College facilities that will be used and accept them as being safe and suited for the purpose intended.
3. **Compliance with Policies.** I have read and agree to comply with all applicable College policies and procedures, including but not limited to those that apply to my participation in the Activity. I understand that permission to participate in the Activity may be suspended, revoked or denied by the College in its sole and complete discretion. If I observe a hazard during my participation in the Activity, I will immediately remove myself from participation and bring the hazard to the attention of a College staff member.
4. **Release.** I (for myself, my parents, legal guardians, heirs, executors, administrators and assigns) hereby release, indemnify and hold harmless Rhode Island School of Design, its trustees, employees, agents and volunteers (collectively "Releasees") from and against any blame and liability whatsoever for any property damage, property loss, property theft, personal injury, death, claim, or any damage of any kind whatsoever, whether arising from the alleged negligence of the Releasees or otherwise, which may arise out of or relate in any way to my participation in the Activity, to the maximum extent permitted by applicable law. I agree to be solely responsible for any medical, health or personal injury costs relating to my participation in the Activity.
5. **Prerequisite Skills and Training.** I have the requisite skills, qualifications, physical ability and training necessary to properly and safely participate in the Activity. If I have any questions as to what skills, qualifications, physical ability or training are necessary, I will direct such questions to the appropriate College staff member.

6. **No Assumption of Responsibility by RISD.** I understand that the College also does not assume responsibility for any loss, injury or damage to person or property in connection with my participation in the Activity which results from causes beyond the control of and without fault of the College.
7. **Consent to Emergency Treatment.** I hereby consent to medical treatment in a medical emergency where I am unable at the time to consent to such treatment.
8. **Insurance.** I have adequate health insurance necessary to provide for and pay any medical costs that may be incurred as a result of any injury arising out of or related to my participation in the Activity. To the extent such expenses are not covered by insurance, I agree to be solely responsible for any medical expenses or medical transport expense incurred in connection with my participation in the Activity.
9. **Travel to/from Field Trip:** If I plan to travel to the site of a field trip early, remain at the site after the planned activity is completed, or separate from the group, I will do so at my own risk and I understand that I will be responsible for my own travel arrangements, expenses and behavior.

I HAVE CAREFULLY READ THIS RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THIS RELEASE HAVE BEEN MADE.

Name (Printed)

Date

Signature

Participant's cell phone

Emergency Contact Name

Emergency Contact Phone