

**UNIVERSITY OF WISCONSIN SYSTEM  
UNIFORM STATEMENT OF RESPONSIBILITY,  
RELEASE, AND AUTHORIZATION  
TO PARTICIPATE IN A FIELD TRIP**

Whereas, I desire to participate in the field trip sponsored by the University of Wisconsin-Milwaukee (*University*) and the University has approved my participation in the field trip during the period of \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_. I hereby agree as follows:

- 1) I assume full legal and financial responsibility for my participation in the program;
- 2) I grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the trip including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency;
- 3) Accident and health insurance, medical evacuation, and repatriation insurance applicable inside/outside of the United States are recommended for my participation in the trip. I understand that the University encourages me to have appropriate insurance coverage for the entire time of the trip;
- 4) I shall conform to all applicable policies, rules, regulations and standards of conduct as established by the University to ensure the best interest, comfort and welfare of the trip;
- 5) I shall accept termination of my participation in the trip by the University with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the University;
- 6) The University reserves the right to make changes to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes;
- 7) I voluntarily indemnify and hold harmless the University, Board of Regents of the University of Wisconsin System, (*Board of Regents*) their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) arising out of my participation in the field trip and which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency;
- 8) I acknowledge that I have read this document and understand and accept its terms.

\_\_\_\_\_  
Participant's Name (print)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if Participant is under 18)

\_\_\_\_\_  
Date