

## GEOPRISMS FIELD TRIP INFORMED CONSENT AGREEMENT

- 1. ASSUMPTION OF RISK.** Participation in GeoPRISMS field trips may carry with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks associated with participation in this organization include: minor injuries such as scratches, bruises, and sprains to catastrophic injuries including loss of limb, paralysis and death. I voluntarily and knowingly assume all risks associated with participation in this field trip.
- 2. COMPLIANCE WITH RULES.** I fully acknowledge that in exchange for GeoPRISMS allowing me to participate in this field trip, I agree to abide by all rules and regulations of the organization including, but not limited to, all safety protocols recommended by the organization and any league or conference of which the organization is a member.
- 3. WAIVER OF LIABILITY.** I, on behalf of myself my heirs, and my personal representative's release, waive, discharge, and covenant not to sue (collectively "release") GeoPRISMS, Pennsylvania State University and the University of New Mexico, and any of their employees from all liability arising out of my participation in this GeoPRISMS field trip. This release applies to all claims including claims involving personal injury and/or property loss, to the extent permitted by law.
- 4. JURISDICTION.** This Agreement and any dispute arising in connection with its operation or execution, will be construed in accordance with and governed by the statutes, common law, and choice of law principles of the State of Michigan.
- 5. SEVERABILITY.** I agree that each provision of this Agreement is severable and further agree that if any term or provision is held to be invalid, void, or unenforceable by a court of competent jurisdiction or an administrative agency for any reason whatsoever, such a ruling will not affect the validity of the remainder of this Agreement.

### INFORMED CONSENT

I have read this Agreement in its entirety. I fully understand the terms of this Agreement and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
FIELD TRIP DATE AND DESTINATION

\_\_\_\_\_  
PARTICIPANTS PRINTED NAME

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
PARTICIPANT'S ADDRESS

\_\_\_\_\_  
PARTICIPANT'S EMAIL ADDRESS

\_\_\_\_\_  
PARTICIPANT'S CELLPHONE NUMBER

\_\_\_\_\_  
HOME PHONE NUMBER

## **Field Trip Information Sheet**

**Please return via e-mail ([info@geoprisms.org](mailto:info@geoprisms.org)) or print and return a copy prior to the trip.  
This information will be treated as confidential, and destroyed following the field trip.**

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### **Personal Information**

**Participant's Name:**

Medical conditions that field trip leaders/staff should be aware of:

Any other information that the leaders/staff should be aware of in case of emergency:

### **Emergency Contact Information**

Name:

Relationship to you:

Phone Numbers (please include all possible)

Home:

Work:

Cell: