

**FIELD TRIP/EVENT CONSENT FORM**

I, the undersigned “Participant,” have volunteered to participate in a field trip/event associated with North Idaho College located at 1000 W Garden Ave. in Coeur d’Alene, ID scheduled for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2024. Participants must read and sign the field trip/event consent form prior to the departure of a field trip or the beginning of an event. In addition, students who are under the age of 18 must have the signature of a parent or guardian. Participation is limited to students registered in the class or program sponsoring the field trip/event.

I, the undersigned, have enrolled and intend to participate in the North Idaho College sponsored field trip/event identified above. I acknowledge that I have read the course/program outline and voluntarily accept such risks normally incident to such activities. I agree to hold North Idaho College, and all its officers, agents and employees free from liability in the event I suffer personal/property injury or damage as a result of participating in this field trip/event.

I further agree that I am solely responsible for my own equipment, supplies, personal property and effects during the course of the field trip/event. I agree that all parties above whom I have hereby held free from liability are only responsible for the general supervision of the logistical/educational aspects necessary to provide a safe and successful field trip/event and that they cannot and do not guarantee my personal safety.

I further agree that if I drive or provide my own motor vehicle transportation to, during or from the program site, I am responsible for my own acts and for the safety and the security of my own vehicle. I accept full responsibility for the liability of myself and my passengers, and I understand that if I am a passenger in such a private vehicle, North Idaho College and its personnel are not in any way responsible for the safety of such transportation and that North Idaho College insurance does not cover any damage or injury suffered in the course of traveling in such a vehicle.

In the event any medical attention is needed, I authorize the leader(s) of the field trip/event or any qualified individual to administer the first aid necessary to maintain health until a physician may be reached or other medical assistance obtained. By my signature below I hereby agree to and fully understand all of the above issues/conditions and to accept full responsibility as outlined above.

DATED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/20\_\_\_\_\_\_\_\_\_\_\_.

PARENT/GUARDIAN-PRINTED NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT PRINTED NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_