DAVIDSON COLLEGE BIOLOGY DEPARTMENT
FIELD ACTIVITY AGREEMENT
ASSUMPTION OF RISK, RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

Course number and/or Field activity(ies):_____________________________________

Date(s) of field activity:________________________________________________

THIS IS A LEGAL DOCUMENT. READ IT CAREFULLY BEFORE SIGNING.

1. I understand and accept that the Davidson Biology Department activity noted above exposes me to many risks and
dangers. Some of the risks, which may be present or occur include, but are not limited to:
- hazards of physical exertion associated with the activity.
- hiking in rugged wilderness terrain, far removed from the comforts and conveniences of civilization, like
  medical treatment, transportation, and communication.
- trail hazards that make hiking difficult, including steep slopes, rocks and limbs in and over the trail, slippery
  rocks and footing, and holes and declivities;
- using tools and gear such as, laboratory utensils, kitchen utensils, knives, power tools, trapping devices,
  marking and measuring devices, and camping equipment;
- chemical hazards associated with trapping, killing and preserving specimens;
- carrying a backpack and other equipment;
- injuries inflicted by animals, insects, reptiles and plants;
- the forces of nature including lightning, weather changes, hypothermia, hyperthermia, sunburn,
  high winds, blizzards, avalanches and others not named;
- water hazards including swimming, wading, snorkeling, scuba diving, capsized boat;
- traveling in a vehicle not driven by me.

2. I understand and accept that these risks expose me to, but are not limited to, the following consequences: death,
serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to my
musculoskeletal system and serious injury to other aspects of my general health and well being. I also understand that the
risks in participating in the field activity include not only the foregoing physical injuries, but also impairment of my future
abilities to earn a living, to engage in business, social and recreational activities, and generally to enjoy life.

3. Understanding the risks mentioned above, and understanding that this activity may subject me to rigorous physical
exertion, I hereby state that I am physically fit to participate in this activity.

4. IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE IN THE FIELD ACTIVITY, AND AS A
CONDITION OF THE RIGHT TO PARTICIPATE IN THE FIELD ACTIVITY, I PERSONALLY ASSUME ALL RISKS INCIDENT
TO SUCH ACTIVITIES. I ALSO WAIVE, RELEASE AND FOREVER DISCHARGE DAVIDSON COLLEGE AND ANY OF ITS
EMPLOYEES OR AGENTS FROM ALL LIABILITIES, LOSSES, DAMAGES OR COSTS OF ANY NATURE THAT MAY
ARISE IN CONNECTION WITH MY TRAVEL TO OR PARTICIPATION IN SUCH ACTIVITIES (INCLUDING RESCUE
ACTIVITIES ASSOCIATED WITH THE PROGRAMS. I HEREBY AGREE NOT TO FILE SUIT AGAINST DAVIDSON
COLLEGE OR ANY OF ITS EMPLOYEES. I AGREE TO INDEMNIFY AND HOLD THE COLLEGE AND EMPLOYEES
HARMLESS FROM ALL LIABILITIES, LOSSES, DAMAGES OR COSTS OF ANY NATURE THAT MAY ARISE IN
CONNECTION WITH MY TRAVEL TO OR PARTICIPATION IN SUCH ACTIVITIES, INCLUDING RESCUE
ACTIVITIES. THE TERMS OF THIS DOCUMENT SHALL BIND ME, MY HEIRS AND PERSONAL REPRESENTATIVES.

5. Prior to signing this document, I have had an adequate opportunity to read and understand it, have had an
opportunity to ask questions about it, and any questions I have had have been answered to my satisfaction. I further state that
I am ___ years old and competent to sign this document.

__________________________
Signature Printed Name Date

__________________________
Signature of minor participant’s parent or legal guardian Printed name Date