

PARTICIPANT INFORMATION AND ACKNOWLEDGEMENT OF RISK AND HOLD HARMLESS

Environmental Sciences Field Camp (hereinafter called "ESCI Field Camp")

Student's Name	W#
Address	
Email	Phone
Emergency Contact Name	Relationship
Email	Phone
Care Act (ACA); or	nat provides essential health benefits as required by the Affordable
	ance for the entire duration of ESCI Field CampPolicy Number
Name of Policy Holder (if not you)	
I DO NOT have health insurance. Please n	otify your instructor.
Personal Back-Up Plan	in the event that I must leave for any reason (medical, personal, or
	p. I understand that Western will deliver me to the nearest town,
I have made arrangements with the follow notified.	wing person to immediately pick me up at the nearest town when
Name	Phone
	<u>OR</u>
I have <u>researched</u> my available options an home from the nearest town.	d I am prepared to use and pay for commercial travel to return

Acknowledgement of Risk and Hold Harmless

I hereby acknowledge that I have voluntarily chosen to participate in ESCI Field Camp.

I acknowledge the risks involved in ESCI Field Camp. I understand ESCI Field Camp entails activities with risks that could result in my physical or emotional injury, illness, fatigue, physical stress or exertion, paralysis or death, and/or loss or damage to my personal property. The risks include, but are not limited to:

- Living and studying in remote, wilderness locations;
- Hazardous and/or demanding conditions including weather and terrain; conditions range from cool (30-s to low 40s) to very hot- (95 to 105 degrees) depending upon the location;
- Climbing and hiking for long periods of time while carrying a heavy (up to 50 lbs) backpack; daily hikes of 10 miles, with changes of elevation of 1000 feet or more, are typical
- Travel by raft down rivers with class III rapids, potentially obstructed by rocks and logs, and flowing at high levels with cold water;
- Medium elevation exposures;
- Strenuous activity and physical exertion;
- Dramatic changes in diet and living conditions;
- Exposure to severe weather;
- Limited availability of immediate medical assistance;
- Exposure to wildlife;
- Life safety equipment failures;
- Camping in tents with few amenities, little comfort and little privacy; and
- The demands, in general, of living in a very challenging physical environment.

I understand the risks simply cannot be eliminated without jeopardizing the essential qualities of ESCI Field Camp. I acknowledge that I am responsible for researching and evaluating all risks and hereby agree that any activity that I may take part in, whether as a component of ESCI Field Camp or separate from it, will be considered to have been undertaken with my approval and understanding of any and all risks involved.

In consideration of my participation in ESCI Field Camp and to the fullest extent permitted by law, I agree to indemnify, defend and hold harmless Western Washington University, its trustees, officers, directors, employees, agents, volunteers and assigns from and against all claims arising out of or resulting from my participation in ESCI Field Camp. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting therefrom. In addition, I hereby voluntarily hold harmless Western Washington University, its trustees, officers, directors, employees, agents, volunteers and assigns from any and all claims, both present and future, that may be made by me, my family, estate, heirs or assigns.

I hereby expressly agree to indemnify, defend, and hold harmless Western Washington University, its trustees, officers, directors, employees, agents, volunteers and assigns for any claim arising out of or incident to my participation in ESCI Field Camp, except for claims arising out of the sole negligence or willful misconduct of Western Washington University, its trustees, officers, directors, employees, agents, volunteers and assigns.

I further understand that this acknowledgement of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of Washington and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and understand this participant information and acknowledgement of risk/hold harmless form.

Signature of Student (Must be age 18 or over) Date