FIELD TRIP PARTICIPANT AGREEMENT & LIABILITY WAIVER

IN CONSIDERATION FOR BEING ALLOWED TO PARTICIPA WITH (instructor), I			, FOR (class
1.	That I will fully cooperate with the	field trip instructor and assistants;	
2.	That I do not have any physical, mental, or emotional disability or illness that would cause me any difficulties or harm as a participant in the field trip and that I currently have medical insurance;		
3.	I knowingly and voluntarily assume all such risks that I may sustain in connection with participation and attendance on the field trip, including but not limited to, injury sustained through forces of nature, falling, slipping, and any accident or illness that may occur while I am participating in any activities and any damage or loss to my personal property.		
	myself, my heirs, legal representations State College, their administrators, injuries or property loss or damage the negligence on their part. This results in the second	ne permission granted to me to particitives, and assigns, I release and dischart directors, coordinators, employees, or I may sustain while participating in the release, however, does not extend to I egligence of, the administrators, direct.	ge the State of Idaho, Lewis-Clark or their agents from liability for an ne field trip, even if arising out of oss or damage arising out of
Pa	rticipant Printed Name:	Participant Signatures:	Date: