

**UNIVERSITY OF LOUISVILLE And Its Affiliates ("University")**  
**PARTICIPATION & RELEASE FORM**

The undersigned desires to participate the in program/field trip/activity ("Activity") described on Attachment A.

IF TRANSPORTATION TO THE PROGRAM/FIELD TRIP SITE IS PROVIDED BY THE UNIVERSITY, PARTICIPANTS MAY/MAY NOT (CIRCLE ONE) UTILIZE A MEANS OF TRANSPORTATION INDEPENDENT OF THAT WHICH IS PROVIDED. PARTICIPANTS SHOULD ASSEMBLE AT THE PROGRAM/FIELD TRIP SITE AT THE APPOINTED TIME.

1. The undersigned voluntarily and willingly agrees to participate in the above described program and in all activities included in and required by the program.

2. The undersigned acknowledges that if this field trip/program is for academic credit, the University has offered an alternative means of receiving academic credit in lieu of participating in the field study.

3. The undersigned agrees to assume all risk of accident or damage to his or her person or property as a result of the participation in the program and in the activities included in and required by the program, including transportation to and from the program site.

4. The undersigned authorizes the University and its agents to obtain medical care for the undersigned in the event that it is determined that in their opinion the undersigned is in need of immediate emergency medical attention while the undersigned is participating in the program. If such medical care is sought, the undersigned authorizes any medical care facility or physician selected by the University to perform whatever medical services are deemed necessary to preserve the undersigned's life, health, and well-being. The undersigned agrees to be responsible for and to indemnify and hold harmless the University and any of its agents and employees for the payment of all costs and expenses resulting from any such medical care, hospitalization, and medical services for the undersigned.

5. The undersigned agrees to remain under the supervision of and to comply with University policies and specific program rules as well as any instructions given by the University and its agents at all times during the program.

6. The undersigned does hereby authorize the University and its representatives to release the name and any relevant information about the undersigned as deemed appropriate.

7. The undersigned releases the University and its officers, directors, agents, servants, and employees from any and all actions, causes of action, demands, damages, expenses, attorney fees, and claims and counterclaims of any kind or nature, including any claims of negligence, arising out of or in any way connected with (1) the participation of the undersigned in the program and in the activities included in and required by the program, including transportation to and from the program site; (2) the decisions or actions of the University in seeking and obtaining, or in failing to seek and obtain, the above-authorized immediate emergency medical attention; and (3) any failure of the undersigned to remain under the supervision of and to comply with any instructions given by the University and its employees or agents during the program.

The undersigned certifies that he/she:

- (1) has read and understands the above University Program Participation Release Form and the planned Activity and acknowledge any potential hazards and risks involved,

- (2) signs this form voluntarily,
- (3) as applicable, will complete proper operation, safety and training and follow applicable UofL policies and procedures involving environmental, health, and safety rules.
- (4) will wear any required personal protection equipment, and
- (5) will report any accidents or suspected signs or symptoms of exposure to a hazard to the Mentor for this Activity or directly to the Department of Environmental Health and Safety (502) 852-6670 if the Mentor is not readily available.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Age  
(If under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Participant Name

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**IF PARTICIPANT IS UNDER 18 YEARS OF AGE, THE FOLLOWING PARENTAL RELEASE MUST BE SIGNED BY THE PARTICIPANT'S PARENT OR LEGAL GUARDIAN.**

**PARENTAL RELEASE**

As parent and/or guardian of \_\_\_\_\_  
(hereafter "Participant"), I hereby release and discharge the University, and its agents and employees, under the terms of the above Participation & Release form any claim which I might have against the University, and its agents and employees, both in my own behalf and as legal representative of the Participant. I further agree to indemnify and hold the University, and its agents and employees, harmless from any liability, claim or action, including attorney's fees, in connection with the Participant's participation in the Activity described in the Participation & Release Form and accompanying Attachment A.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Parent or  
Guardian of Participant Under 18 Years  
of Age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Emergency Contact Information<sup>1</sup>**

Printed Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

<sup>1</sup> Please complete all but Relationship to Minor for any Participant regardless of age and Relationship to Minor for those under 18.

**Program/Field Trip/Description of Activities (“Activity”)**

*Please include the following information in your description:*

- (1) Will the Participant’s access or duties/activities involve a sponsored project or have access to data/equipment/intellectual property associated with a sponsored project? If so, include the chartfield/speedtype of those projects.*
- (2) Will this project require exposure to chemicals or handling hazardous materials? Please describe.*
- (3) What will be the estimated time period of the Participant’s duties/activities (e.g. from when to when)?*

Confidential Information [as outlined above] will be \_\_\_\_\_ or will not \_\_\_\_\_ be shared with or accessible to the Participant.

Specify any expenses to be covered by Participant (supply additional sheets as necessary):

Specify any expenses to be covered by University:

Location where Participant’s Activity will occur (include building and room if on campus):

Name of Mentor for Activity: \_\_\_\_\_

Department: \_\_\_\_\_

Email Address \_\_\_\_\_

Phone #: \_\_\_\_\_ Location: \_\_\_\_\_