

## Informed Consent and Waiver and Release

### For the following:

Field Trip Activity: **Hiking Club (Beginners)**

Location of Activity: **Barker Park Hallows- March 24<sup>th</sup>**  
**Ogden Nature Center North- April 14<sup>th</sup>**  
**Beus Pond- April 28<sup>th</sup>**  
**Ogden Nature Center- May 5<sup>th</sup>**  
**Rainbow Loop- May 19<sup>th</sup>**

Description of Activity: *During the hikes, we will be identifying the flora, fauna, and recording observations in our Nature Journals. We will have an experimental lesson planned for each hike. Our goal is to have the children connect with nature, and become stewards of the natural world.*

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Injury may result from your participation in the **Hiking Club (Beginners)**. You are expected to familiarize yourself with the activity, what is required, and the rules of conduct for the activity. You are expected to wear appropriate safety equipment and follow proper operating procedures, including safety procedures as outlined by the coordinator, plus any directions given by an authorized person.

I, \_\_\_\_\_, acknowledge that I have familiarized myself with the activity and what is required, wear appropriate safety equipment, including a helmet, will follow the rules of conduct, will follow the operating procedures, and will follow any directions given by and authorized person.

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### (Signature of Participant)

The undersigned, the legal guardian of the above identified participant, in consideration of participant's participation in the activity do hereby agree to this waiver and release.

I recognize that participation in the activity may involve moderate to strenuous physical activity and may cause physical and/or emotional distress to participants. There may also be associated health risks. I state that participant is free from any known heart, respiratory or other health problems that could prevent participant from safely participating in any of the activities.

I certify that I have medical insurance or otherwise agree to be personally responsible for the costs of any emergency or other medical care that participant receive. I agree to release the School, the State of Utah, the sponsor of the activity and their agencies, departments, officers, employees, agents, and volunteers from the cost of any medical care that participant receives as a result of participation in the activity.

I further agree to release the School, the State of Utah, the sponsor of the activity, and their agencies, departments, officers, employees, agents, and volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of participant's participation in the activity. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

### Consent

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and/or operation, if in the opinion of the attending physician, such treatment is necessary.

**I have carefully read and understand the contents of the foregoing language, and I specifically intend it to cover participant's participation in the above-referenced activity.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_