



Delaware State University

University Area(s) Responsible: Division of Student Affairs; Office of Occupational Safety and Health; Office of Fleet Services

Policy Number & Name: 6-01: Field Trip Policy

Approval Date: 7/11/11

Revisions: _____

Related Policies and Procedures: _____

Purpose

The purpose of this policy is to inform University students, staff and faculty who wish to take part of a field trip about the need to complete and sign a Release of Liability Form prior to participating in such field trip.

Policy

Delaware State University will require a Release of Liability Form when a student, employee or any third party participates in a voluntary field trip, event, or activity that does not represent a requirement of their course work or employment responsibilities. If a participant causes a loss or damage to the parties released or others (for which the University is sued), the participant will reimburse the parties released for those losses or damages. The University usually does not require the release of liability from students and employees taking part in activities that are part of the institution's "core" business. Included are required trips for courses, ordinary use of

facilities and ordinary University business. The Release of Liability Form must be specific to each trip/activity. If the participant is under the age of 18, a parent or legal guardian must sign the Release of Liability Form.

Procedures

The Trip Director(s) will:

1. Obtain departmental approval.
2. Select field trip destination and research it so as to become very familiar with it.
3. Compile a participant list that will include the names of all participants including the Trip Director(s). One copy of the list will be left with the department and a copy will be brought to the field trip by the Trip Director.
4. A daily agenda will be created by the Trip Director and will include a schedule of activities planned as well as health and safety instructions for all participants. One copy will remain with the Department and another copy will be kept by the Trip Director.
5. Participants will complete and sign a Medical information form that will be kept confidential by the trip Director. He or she will review to be familiar with participants' medical conditions if any and will leave a copy of the forms with the Department.
6. A list of emergency contacts will also be created with contact information for each of the participants. The department's phone number, the trip Director's phone number should be included as well. A copy of the list will remain with the department and the Director will keep a copy and assign another copy to a designated student or staff member taking part in the trip.
7. Plan for and accommodate students with special needs whenever possible.
8. Inform participants in writing of the need of any gear, equipment, supplies, etc.
9. Obtain signed copies of the Release of Liability Forms and submit them to the Department.
10. Arrange for transportation for the trip with the Office of Fleet Services and the University's Safety and Risk Manager.
11. Remind participants that the University Code of Conduct is to be followed at all time during the trip.
12. If an injury should occur the Trip Director will file an incident report with the Safety/Risk Manager upon returning to the University.

Important Note: Transportation for University students who are left behind during a University sponsored field trip or an away athletic competition event (Addition: 10/17/11)

All University field trip/away athletic competition travel events should begin and end on campus. Transportation back to campus must be provided by the sponsoring University unit/department for any student left behind if approved by the person in charge of the trip as being something the student had no control of, which would include a student becoming ill, being hospitalized, being in an accident or death while on an approved University trip/competition event. The University administrator in charge of the trip will make the decision as to whether or not the student was at fault for being left behind. This shall not apply if the student(s) did not use approved transportation for the trip provided/arranged by the University unit/department. The University is not obligated to provide transportation back to campus for students

who simply miss the appropriate transportation assigned for the event or do not follow the directions/guidelines provided by the person in charge of the trip and /or event.

If DSU students are left behind for any reason the person in charge of the trip shall immediately notify the VP for Student Affairs, the administrator who authorized the trip, the Safety/Risk Manager and the Public Safety Department. Students who happen to be minors have to have parental permission to go on a field trip and parents need to be informed of any travel incidents involving their son or daughter.



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6-01: FIELD TRIP POLICY

RELEASE OF LIABILITY AGREEMENT

I _____ intend to participate in the following activity (Field Trip) sponsored by Delaware State University following the execution of this Release of Liability Agreement:

I hereby state that I have read and understand the terms and conditions of Delaware State University Field Trip Policy and expressly agree to be bound by it.

I agree and understand that during each such field trip I will be under the direction and responsibility of the trip director approved by Delaware State University, and will comply with all reasonable directions and instructions by the trip director for the duration of the trip.

I understand and accept that there are potential risks and hazards that are associated with Field Trips, including but not limited to, injury to a person and or property or loss of life. Despite these potential risks and hazards, I wish to participate, and freely accept and assume all risks and hazards that may arise from my participation in the Field Trip and that could result in loss, illness, personal injury, death, or property damage. I understand and acknowledge that Delaware State University assumes no liability for personal injuries or property damages to participants or to third persons arising out of Field Trips, except when such liability is imposed by law.

I hereby release Delaware State University, including without limitation its faculty, staff, trustees, agents, and servants ("Releasees") from any and all claims, injuries, losses, or damages of any kind which may occur or arise from this Field Trip.

I hereby confirm that I will obtain appropriate personal accident/health insurance coverage, such as student health insurance, for the duration of each such Field Trip.

I further hereby agree to indemnify and hold harmless Releasees from any judgment, loss, liability, damage, or cost, including court costs and attorney fees that Releasees may incur as a result of any negligent or deliberate act on my part during my participation in the Field Trip.

By signing this agreement, I acknowledge that I have read it and fully understand it and agree to be bound by it.

NAME (Printed): _____

SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE*: _____

*(If participant is under the age of 18, Parent, or legal guardian must sign)

DATE: _____



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MEDICAL INFORMATION FORM*

Sponsoring Department/Unit: _____

Trip : _____

Date: _____

Participant's Name: _____

Emergency Contacts

First Contact

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Cell: _____

Home Address: _____

Second Contact

Name: _____ Relationship : _____

Work Phone: _____ Home Phone: _____ Cell: _____

Home Address: _____

Any Medical Conditions?

Do you have any medical condition that requires special precautions or treatment? __yes __no

If yes, please list (for example, diabetes, epilepsy, high blood pressure, heart disease, pulmonary disease

such as emphysema or bronchitis, asthma, cancer, medication-dependent depression or anxiety):

Medications and dosage for above condition(s): _____

Any allergies?

Allergies to medications: _____

Food allergies: _____

Are you allergic to bee/insect stings: __yes __no

Other allergies: _____

Participant's Medical Insurance

Insurance Company: _____

Primary Care Physician: _____ Phone: _____

I certify that the above information is correct to the best of my knowledge.

SIGNATURE _____ DATE _____

***Information on from this form will be used only for medical purposes in the case of an emergency on this trip.**