

University of Hawai'i
Windward Community College

ACKNOWLEDGEMENT OF RISKS AND RELEASE OF RESPONSIBILITY

Please print:

Student's Name: _____

SS#: _____

Program location: _____

Dates of Activity: _____

Windward Community College offers students the opportunity to enroll in courses that involve travel off campus and sometimes off island. Certain potential risks to personal health and safety are associated with such travel. You should not participate in these programs unless you are willing to accept the associated risks.

Windward Community College cannot guarantee the health and safety of participants in field trip programs or eliminate all risks from these environments.

Please read, complete and sign this form before your program begins. Students who fail to complete and sign this form will not be allowed to participate in these College programs.

- I understand that there are certain risks associated with travel and that Windward Community College and its staff cannot control these risks.
- I understand that these risks may include exposure to potentially serious health and safety hazards such as: transportation accidents; storms, floods, earthquakes, and other natural disasters; inadequate medical care, and remote access to medical treatment.
- I understand that the University of Hawai'i and Windward Community College is not in a position to guarantee my personal health or safety during my participation in this program.
- I understand and hereby acknowledge that I assume all risks incurred by my participation in this program.
- In consideration of being allowed to enroll and participate in this Windward Community College program, the undersigned hereby releases the University of Hawai'i, Windward Community College, its Board of Regents, officers, agents and employees from any and all claims arising out of or in any way connected with the College's field trip programs and the undersigned's participation in the program, including, but not limited to the risks as outlined above.

Student's signature

Date

Witness's signature

Date

University of Hawai'i
Windward Community College

AGREEMENT AND RELEASE FORM

1. I, the undersigned participant in the Geology Field Trip Program (herein referred to as "the Program") for the good and sufficient consideration, receipt of which is acknowledged, DO HEREBY WAIVE AND RELEASE all claims against the State of Hawai'i, University of Hawai'i and their agents, arising from or in any way connected with the following:
 - a. Injury, loss, damage, accident, delay, irregularity, or expense arising from or connected with
 - (1) the use by the Program of any vehicle or other mode of transportation or services;
 - (2) any strikes, war, terrorism, weather, sickness, quarantine, government restrictions or regulations, act of God, or any other like reason;
 - (3) any act or omission of any steamship, airline, railroad, bus company, taxi service, sightseeing company, hotel, restaurant, institute, school or university other than the University of Hawai'i, or any other firm, company, individual, or agency;
 - b. Any intentional or unintentional injury, whether or not resulting in death to me or to any other person or persons, caused, in whole or in part, by me, whether alone or together with or in association with others;
 - c. Any intentional or unintentional damage or injury to property, whether personal, real or mixed, owned or in the custody or possession of me, or any other person, caused, in whole or in part, by me, whether alone or together with or in association with others;
 - d. Any financial and other obligations or liabilities that I may personally incur during the duration of the Program, including without limiting the generality of the foregoing, any obligations or liabilities incurred by me in any country in which the Program is conducted; and,
 - e. Any injury or loss whatsoever suffered by me during the periods of independent travel (which I understand are unsupervised) or during any absence from the Program's supervised activities.
2. I AGREE TO INDEMNIFY AND HOLD HARMLESS the State of Hawai'i, the University of Hawai'i, and any of their agents, from any and all claims, costs, expenses, including but not limited to attorney's fees, arising out of or in any way connected with any of the matters described in paragraph 1 above.
3. **Health and Safety.** I hereby grant, to the University of Hawai'i and any of its agents, full authority to take whatever action they must consider to be warranted under the circumstances regarding my health and safety, and I fully release each of them from any liability for such decision or actions as may be taken in connection therewith. I authorize the University of Hawai'i and its agents, at their discretion, to place me, at my own (or my parents') expense, in a hospital for medical services and treatment, or, if no hospital is readily available, to place me in the hands of a local medical doctor for treatment. If deemed necessary or desirable by the University of Hawai'i or its agents, I authorize them to transport me back to O'ahu by commercial airline or otherwise at my own (or my parents') expense for medical treatment. In the event the University of Hawai'i or its agents advance or loan any money to me or incur special expenses on my behalf while I am off-island, I (and my parents) agree to make immediate repayment upon my return to O'ahu.

Release of Parents/Guardians
(Required only for students under 18 years of age)

I certify that I am the parent or legal guardian of the above named student, and that I have read the foregoing Agreement and Release (including such parts as may subject me to personal financial responsibility), and hereby relinquish any claim that I might have against the University of Hawai'i, the State of Hawai'i, or their agents (as set forth above), both in my own behalf and in my capacity as legal representative of the student, including without limitation any claim arising as a result of the student's leaving the supervision of the Program or at the time when the student has left the supervision of the Program.

Dated this _____ day of _____, 20 _____.

(Print) Name of Parent/Guardian

Signature of Parent/Guardian

(Print) Name of Parent/Guardian

Signature of Parent/Guardian

University of Hawai'i
Windward Community College

MEDICAL INSURANCE CERTIFICATION

(Please type or print)

NAME _____ PROGRAM: GG Field Trip Courses

SOCIAL SECURITY NUMBER _____

CHOOSE A or B

- A. I, _____, certify to be on a _____ medical plan which provides medical insurance coverage while participating in the above named program during the _____ term of 20 ____ and herewith consent to have the above named company release information about my current membership status to Windward Community College.

MEMBERSHIP NUMBER _____
SUBSCRIBER'S NAME (if other than your own) _____
INSURANCE EXPIRATION DATE _____

- B. As I choose not to have medical insurance I, _____ certify that I (or my parent/guardian) will be fully responsible for any medical expenses, including medical evacuation costs that I may incur while participating in the above named program during the _____ term of 20 ____.

I certify that the information that I have provided above is accurate and current.

Signature

Date

If you are under 18 years of age, your parent/guardian must complete the following:

(Print) Name of Parent/Guardian

Signature of Parent/Guardian

Date

University of Hawai'i
Windward Community College

NOTIFICATION IN CASE OF EMERGENCY

PLEASE TYPE OR PRINT

NAME _____ PROGRAM: GG FIELD TRIP COURSES

SOCIAL SECURITY NUMBER: _____

In case of emergency, please notify:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ RELATIONSHIP _____

If unable to locate the person mentioned above, please contact:
(Address and phone number must differ from above)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ RELATIONSHIP _____

SHOW THIS TO YOUR PHYSICIAN

(For use with the Physician's Report)

GG 214 – Kaua'i and Ni'ihau Field Geology (1)

Catalog description:

A four-day field trip on the island of Kaua'i to study the volcanological evolution and continuing geological history of Kaua'i and Ni'ihau volcanoes. Students are responsible for air and ground transportation, meals, and lodging.

Prerequisite: Completion of or concurrent registration in GG 101, GG 103, or consent of instructor.

Comment: This course requires students to be actively involved in physical activities (e.g. hiking, traversing hilly and sloping terrain, etc.) to visit sites of geographical significance. For more detail about course requirements, please see a counselor.

ENVIRONMENT

POSSIBLE FIELD CONDITIONS

Humid, wet	slippery and muddy ground, mosquitoes, dense vegetation
Dry, arid	hot, dry often on irregular ground, bushes and trees with thorns
Steep slopes	up to vertical for short (10-20m) distances, longer traverses of up to a mile over mud, loose debris (sand and small rocks) or on concrete
Steep roads, sharp curves	narrow paved roads
Wet slippery trails	often muddy with slopes up to 45 degrees
Trails along narrow ridge crests	steep drop-offs on either side, usually with vegetation
Cliff edges	often no protective barriers, irregular rocky ground
Cliff bases	falling debris
Sea cliffs and benches	wet from ocean spray or washed by waves, slippery with organic growth, sharp and irregular surfaces due to marine erosion
Beaches	irregular topography and possibly slippery on boulders, difficult walking on soft sands, washed by waves, wet from ocean spray, debris (plastics, sticks, jellyfish, etc.) on beaches
Caves	dark with poor, if any, lighting, and often wet from overhead drips or small rivulets running along the tunnel floors, uneven muddy ground over steep slopes (up to 45 degrees) strewn with pebbles and some boulders, swimming in ponds within caves may be done but at your own risk

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GEOLOGY FIELD TRIP COURSES

CONFIDENTIAL PHYSICIAN'S REPORT

It is preferable that the student's personal physician fill out this form instead of a college physician. Good physical emotional health is an all-important factor in field trips to remote areas. The personal physician is requested to disclose any evidence of some condition that could be of importance during the student's field trips. The information will be used to provide support and/or treatment should the need arise.

I have examined _____, and in my judgement, he/she **is/is not** (circle one) physically capable of participating in the Geology field trips. I **find/do not find** (circle one) evidence that he/she has communicable disease or a medical condition that would affect the quality of his/her field trip experience.

Please check if you are:

_____ Student's Family Physician _____ Other (please describe) _____

Date of examination _____ Student's general state of health: Excellent _____
Good _____ Fair _____ Poor _____

If the answer to any of the following is "yes", please give specific details in layman's terms.

1. Does the student have any allergies, either food or drug? YES NO
If YES, please list.

2. Does the student have any dietary restrictions? YES NO
If YES, please list.

3. Does the student have an eating disorder? YES NO
If YES, please explain.

4. Does the student need special prescription medication? YES NO
If YES, please list.

In my judgment, _____ is in **good/poor** (circle one) physical and
(name of student)

good/poor (circle one) emotional health, and **should not be in need of/be in need of** (circle one) any special attention while on the field trip for a serious problem concerning the student's physical or emotional condition. The injuries, operations and/or diseases mentioned in this report should not be the cause of any further problems during academic semester in question. Medically, I **recommend/do not recommend** (circle one) that the student participate in the Geology Field Trip.

_____ M.D.

Date: _____

(Name of Physician, PLEASE PRINT)

Address:

Phone: _____

PLEASE MAIL THE COMPLETED FORM TO:

**WINDWARD COMMUNITY COLLEGE
45-720 KEAAHALA ROAD
KANE OHE, HI 96744
ATTN: Floyd McCoy, Ph.D.
(808) 235-7497**