

**EASTEREN OREGON UNIVERSITY  
INFORMED CONSENT FORM**

Eastern Oregon University and \_\_\_\_\_, hereafter referred to as Participant, agree as follows:

Participant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Eastern Oregon University will allow Participant to participate in the Following activity/event:

\_\_\_\_\_

Participant agrees to abide by the following rules:

- I agree to follow safety and other instructions provided by the instructor.
- I agree to share in the responsibility for my own safety and not endanger others who are participating in the activity.
- I agree to operate and use equipment, tools, and materials in a safe manner. Failure to do so may result in being asked to leave the property.
- I will immediately report all injuries to the instructor.
- I agree to refrain from the use of alcohol or drugs during the activity.
- I understand that participation in this activity is voluntary.
- I acknowledge that I have the physical capacity necessary to engage in the described activity above.
- In case of emergency, accident or illness, I give permission to be treated by a professional medical person and if necessary, be admitted to a hospital.
- I agree to be the party responsible for all medical expenses incurred on my behalf.
- I agree not to shelter firearms on my possession or within a vehicle in route to, during and returning from the activity.

The Oregon Tort Claims Act (ORS 30.280 to 30.300) permits Eastern Oregon University to accept responsibility only for the acts of its officers, employees, and/or agents. Eastern Oregon University is prohibited from accepting any liability for the acts, omissions and conduct of persons participating in activities. The participant shall indemnify, defend and hold harmless the State, Eastern Oregon University, its officers, employees and agents from all claims, suits, or actions of any nature arising out of participation in these Field Trips, other than negligent acts of eastern Oregon University, its officers, employees, and/or agents.

I acknowledge that I am participating in activity at my own risk. I understand that, due to the inherent nature of the activity, there is a risk of injury in participating in these field trips. By signing below I acknowledge that I have read the risks above and understand the assumption of general risk and agree to the conditions listed above.

**Approving Signatures by Official Representatives:**

State of Oregon, Eastern Oregon University, Department of \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_  
(Type or print legibly)

Official Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Participant \_\_\_\_\_  
(Type or Print legibly)

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_