
**Faculty-Led Domestic Field trip
Student Checklist**

- Student Conditions of Participation Agreement and Release

- Proof of Insurance
(May be required by sponsor(s) and/or site owners)
 - Attach a photocopy to this packet prior to turning in.

- Voluntary Disclosure of Health Information and Special Needs Form

- Emergency Contacts

Faculty-Led Domestic Field trip Student Conditions of Participation Agreement and Release

As a Participant in the Department of Art Field trip to: _____
(Destination)

I have read, understand, and agree to the following:

Personal Conduct

- I understand that I am expected to represent my university with dignity at all times.
- I understand that grounds for dismissal from a faculty-led field trip and immediate return home at my expense – as well as the loss of field trip costs and potential academic credit – include any behavior determined by the Department of Art, or Faculty Lead, to be inappropriate. Reasons for dismissal may include, but are not limited to: 1) violation of K-State's *Code of Student Conduct*, 2) violation of laws, rules, regulations or customs of the community, institution and field trip, 3) reasonable cause for the Faculty Lead to believe that my continued presence on the field trip constitutes a danger to the health or safety of any person(s) or property, or threatens the future viability of the field trip.

Initial Here _____

Assumption of Risk and Release

- I understand and acknowledge that K-State and the Department of Art assume no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservation, missed carrier connections, sickness, disease, injuries (including death), losses, damages, weather, civil unrest or public health risks. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, K-State and the Department of Art will not be responsible for my hotel, transfers, meal costs or other expenses. In consideration of being allowed to participate in the faculty-led field trip, I hereby release Kansas State University, the Department of Art, the State of Kansas and their agents, officers and employees from any and all claims, demands or causes of action of any kind, including claims for negligence, which may arise from participation, including travel to, from, and/or during the field trip.
- I understand that I am subject to the civil and criminal code of the particular jurisdiction and that it is my responsibility to be informed of these laws, rules, and regulations and to fully abide by them.

Initial Here _____

Health and Safety

- In the event of injury or illness to myself, I authorize the field trip leader(s) to secure whatever medical treatment is necessary.
- I understand that if I choose to drink alcohol, I will do so legally and responsibly. I understand that being drunk is not socially acceptable.
- I understand that possession and/or usage of illicit drugs are strictly prohibited.
- I understand I can voluntarily provide specific health information that can be used by the faculty in case of emergency.

Initial Here _____

Academic Conduct

- I understand that this field trip is a part of an academic program and that academic requirements include completing all assigned work and participating in all aspects of the field trip. I understand that noncompliance with these requirements may result in a failing grade, and may subject me to disciplinary action.
- I understand that I must follow all K-State Policies regarding academic integrity and honesty.
- I understand that the host institution and/or field trip provider may have additional policies, rules, or guidelines to which I will be subject and to which I agree to abide.

Initial Here _____

Financial Obligations

- I understand that all field trip fees must be paid by the established deadlines. I understand that it is my responsibility to track payment deadlines.
- I understand and agree to the costs associated with this field trip, and realize my particular experience may be more or less expensive than estimated by the Department of Art, depending on my personal expenses and choices. I have received a cost sheet from the Department of Art or faculty lead, which outlines my estimated expenses, if requested. I understand that if I am dismissed from my field trip for violations of conduct, I will still be charged the cost of the trip and will not receive any refund.

Initial Here _____

Return completed documents to your faculty member by the deadline provided.

Student Name (Print): _____

**Faculty-Led Domestic Field trip
Student Conditions of Participation Agreement and Release**

I affirm that the information given in this application is true and correct to the best of my knowledge. I understand that all my fees, deposits and/or payments are non-refundable.

Student Signature

Student ID#

Date

**Faculty-Led Domestic Field trip
Voluntary Disclosure of Health Information and Special Needs**

The purpose of this form is to help the faculty lead provide you with appropriate help. It is important that the professor can be made aware of any medical or emotional issues or other special issues, which might affect your participation in this field trip. Mild physical or psychological disorders can become serious under the stress of travel. This disclosure is voluntary. Any information provided will remain **confidential** and will only be shared with the faculty or appropriate professionals on a need to know basis.

Last Name _____ First Name _____ MI _____ Male Female

Field Trip/Course Name: _____

Location of Field Trip: _____

Dates of Trip: _____ to _____
Start Date End Date

Medical History

Yes No Are you currently being treated for a physical or mental health condition that might affect your participation in the field trip? If yes, please explain.

Yes No Do you have allergies that might affect your participation in the field trip? If yes, please explain.

Yes No Are you taking any medications that might affect your participation in the field trip? If yes, please explain.

Yes No Have you had any recent major injuries, diseases or ailments that might affect your participation in the field trip? If yes, please explain.

Yes No Are you on a restricted diet? If yes, please explain.

Yes No Is there any additional information that you wish to share that would be helpful for the program to be aware of during your field trip? Please include learning disabilities or other special needs that might affect your participation in the field trip.

I certify that all responses made on the Voluntary Disclosure of Health Information and Special Needs form are true and accurate to the best of my knowledge, and I will notify the Department of Art or faculty lead hereafter of any relevant changes that occur prior to the start of the trip and during the trip.

Initial Here _____

~OR~

I choose to not provide the above information.

Initial Here _____

Student Signature

Student ID#

Date

**Faculty-Led Domestic Field trip
Emergency Contacts**

In the event of an emergency, please contact:

1. Contact Name: _____
Relationship: _____
Address: _____

Cell #: _____ Home #: _____
Work #: _____ Email: _____

2. Contact Name: _____
Relationship: _____
Address: _____

Cell #: _____ Home #: _____
Work #: _____ Email: _____

3. (Optional) Contact Name: _____
Relationship: _____
Address: _____

Cell #: _____ Home #: _____
Work #: _____ Email: _____