

FIELD TRIP RELEASE FORM

In the event of a medical emergency, I authorize NDSU to contact:

_____ Name	_____ Relationship
_____ Address	_____ Phone No.

If there is insufficient time to contact the person(s) named above or, if after a reasonable attempt to do so, they are unable to do so, NDSU may authorize emergency medical treatment on my behalf if I am unable to do so.

I will comply with the laws of the United States and with the University's rules, standards and instructions for student behavior. Should I violate these standards of conduct, I may be sent home at my own expense. I understand that NDSU can revoke its consent to my participation in this activity at any time for cause or in the event of cancellation of the trip. I waive and release all claims against the University and its employees or agents that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.

Student Signature

Parental Approval

PLEASE RETURN BY MAY 14.