



## Consent Form

I \_\_\_\_\_ hereby acknowledge participation in \_\_\_\_\_ organized by the Department of Biology at the University of British Columbia, Okanagan.

I acknowledge that adhering to instructions and guidance from the activity coordinator is in my best interest and that my conduct will be in accordance to rules and regulations imposed. I am aware of the risks inherent in the particular activity as stated in the "Field Risk Assessment and Checklist" completed by the instructor, \_\_\_\_\_.

I also acknowledge that the University carries no personal property, medical, dental nor any accident benefit or disability insurance on my behalf and that it is my sole responsibility to ensure that I maintain sufficient personal insurance coverage. I agree that any failure on my part to maintain adequate personal insurance shall impose no financial obligation on the University.

I have informed the instructor of any health conditions that may require assistance during the trip (i.e. all medical conditions such as allergies, diseases, disabilities) and understand that it is my responsibility to bring any medications/treatments required for these conditions.

I acknowledge that at any time the University of British Columbia may refuse to allow participation to any persons who are a hazard to themselves or other participants involved in the activity.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

(if participant is under 19 years of age)