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**Field Trip Form**

In consideration of my participation in the Click or tap here to enter text.trip conducted by the Click or tap here to enter text.club and being held on Click or tap here to enter text.from Click or tap here to enter text. pm from FXUA Campus toClick or tap here to enter text.and back.

As a participant in the Fairfax University of America (FXUA) Click or tap here to enter text., I am aware of the possible risks that are inherent in the nature of some of the activities offered. Every attempt is made to minimize the existing risks through the use of proper safety conditions that are under the program’s control, and sound safety practices. However, I realize these risks cannot be totally eliminated. If participants meet minimum physical and mental conditioning and follow safety procedures, the potential for problems occurring is reduced.

 I \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature)

affirm that I am aware of my physical condition, that I am voluntarily participating in the trip and I am aware that such participation may result in possible injury as a result of the nature of the activity, and that I am assuming any and all risks that may be involved in the activity including travel. In addition, I do hereby hold Fairfax University of America, its trustees, employees, agents, representatives, agents, and the Commonwealth of Virginia harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever or damages to property of others caused by me which may arise by or in connection with my participation in the aforementioned student club and related activities. I further acknowledge that I am aware of insurance policies that are available to me through private means, that I know and understand club, the club program and university policies and procedures and that I will represent the club and university in a positive manner.

I confirm that I am 18 years of age or older and under no legal constraint or impediments and I acknowledge that by signing this agreement, I or the minor/ward on whose behalf I sign for will be bound to its terms. My signature below indicates that I have had sufficient opportunity to read this entire document, that I have read it, and that I understand how it affects my and the minor/ward legal rights. I agree to be bound by its terms. If a provision of this Agreement is or becomes invalid or unenforceable in any jurisdiction that shall not affect the validity or enforceability of any other provision of this Agreement.

By signing below, I declare that I have read and understand the above statements.

Click or tap here to enter text.\_ Click or tap to enter a date. Click or tap here to enter text.

Signature Date Phone Number

Click or tap here to enter text. Click or tap here to enter text.

Printed Name Student ID Number

Are you covered by a personal health insurance plan? Click or tap here to enter text.

If yes: Company Name: Click or tap here to enter text.

**In the Case of an Emergency Contact:** Click or tap here to enter text. **Phone #**Click or tap here to enter text.