Luther College Endeavor Together Program Liability and Medical Release Form

General Information:

Participant Name:_____

Gender Identity: M F O _____ Age_____ Date of Birth:_____/_____/_____

Student Agreement:

My initials following each statement, and my signature at the bottom of this page, indicate my understanding and acceptance of the following as conditions in my participation in the Endeavor Together Program.

1) I understand that the Luther College Pre-Orientation Program involves group travel and camping in a wilderness environment. I agree to depart and return with the group and to follow all protocols given to me by my group leaders. I agree to abide by this policy. _____*initials*

2) I understand that the Luther College Pre-Orientation Trips may be physically and emotionally strenuous. Physical activities include, but are not limited to, walking, running, hiking, biking, challenge games, canoeing, carrying heavy weight individually and/or with a partner (20 lbs or greater), etc. I agree to abide by this policy. _____*initials*

3) I understand that the Luther College Pre-Orientation Trips take place in outdoor settings that may include travel by water. As a participant, I may be exposed to certain unpredictable environmental risks that include, but are not limited to, severe weather, insect and animal encounters, traversing uneven terrain, noxious plants, sun exposure, flowing or deep water, falling rock or timber, etc. Possible injuries and illnesses include falling, drowning, or becoming lost; wounds or bruises; bites or stings; sunburn, hypothermia, heatstroke, dehydration, and other mild or serious conditions. I agree to abide by this policy. _____ *initials*

4) I understand that I am responsible for my own health and well-being. This includes, but is not limited to, proper hydration, carrying and using personal medication when appropriate, applying sun protection, applying insect repellent, etc. I agree to abide by this policy. _____ *initials*

5) I understand that a basic skill orientation is a required part of the Pre-Orientation Program. I agree to participate in the session offered by the New Student Endeavor Together Program leaders. Orientation will take place on August 24, 2024 at 1:30pm. I agree to abide by this policy. _____ *initials*

6) As a participant in a Luther College Endeavor Together Program I am expected to: 1) exhibit sensitivity to and respect for all participants and leaders; 2) maintain good behavior; and 3) observe local rules and laws. I agree to abide by this policy. _____*initials*

7) I understand that behavior disruptive to the Program may result in disciplinary action, including dismissal from the trip and immediate return home. This also includes sexual behavior that puts others at risk, is disruptive to the group, is promiscuous, or brings disrespect to Luther College. I agree to abide by this policy. _____*initials*

8) I understand that cases of severe health crises (physical, mental, or emotional that include but are not limited to physical illness, depression, eating disorders, anxiety) of a participant that endanger the student or other participants, or that disrupt or interfere with the successful completion of the trip, may result in dismissal from the trip and immediate return home. All associated costs are the responsibility of the student and may include the cost of an escort home. I agree to abide by this policy. _____ *initials*

9) I understand that alcohol and/illegal drug use and possession will not be tolerated. Any use of alcohol may result in dismissal from the trip. I agree to abide by this policy._____*initials*

10) Luther College reserves the right to dismiss any participant for reasons of unacceptable personal behavior (including but not limited to that identified in the statements above). Due process as outlined in the *Luther Code of Conduct* will be followed. If dismissed from a trip I will receive no refund, return transportation will be at my own expense, and the return travel may include the cost of a personal escort's travel. The policy violation may be reviewed and be subject to official disciplinary action upon return to campus. I agree to abide by this policy. _____i*nitials*

11) Luther College reserves the right to cancel, terminate, or alter the itinerary of any trip due to safety or health concerns. If a trip is canceled, all participants must return to campus. Refunds will be given when possible. I agree to abide by this policy. _____ *initials*

12) I understand and I am aware of the risks associated with traveling to and from the Pre-Orientation trip activities, and that travel in a motor vehicle is inherently dangerous. Injuries may include, but are not limited to, physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death. I understand that these injuries or outcomes may arise from my own or others' negligence, conditions related to travel or the condition of the activity location(s), Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this activity, including travel, to and from and during this activity. _____initials

Participant Signature: _____

Date:_____/_____/ _____

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Release of Liability:

I (print name)_____do hereby indemnify, defend, and save harmless the Board of Regents of Luther College and their officers, employees, students and agents from and against all loss or expense (including costs and attorney's fees) by reason of liability imposed by law upon them for damages because of bodily injury including death at any time resulting there from, sustained by any person or persons or on account of damages to property, including loss of use thereof, whether caused by or contributed by the Board of Regents of Luther College, Decorah, Iowa.

By signing below I am agreeing to the statement printed above.

Participant Signature:_____ Date:___/___/___

Parent/Guardian Signature (if under 18 years of age): _____

Photo Release:

I hereby give permission for images of me, taken during regular Luther College sponsored activities through video, photo and digital camera, to be used only for the purposes of Luther College promotional materials and publications, and waive any rights of compensation or ownership thereto.

Participant Signature: _____

Medical Release:

In the event of serious illness or accident, every effort will be made to contact the parent or guardian. However, if the delay of medical or surgical treatment would be detrimental to the health of the student, authorization for consultation and treatment by area physicians is requested.

PLEASE NOTE: *ALL MEDICAL EXPENSES INCURRED ARE THE RESPONSIBILITY OF THE PARTICIPANT.*

Do you have current health/accident insurance?____yes___no
Please attach a copy of your most recent health/accident insurance card (front and back)

Name of Physician:_____ Phone: _____

Do you have any limiting physical or health disabilities (temporary or permanent)?____yes____no

If yes, please explain:_____

Are you currently taking medication (prescribed or otherwise)?____yes____no

If yes, please explain: _____

Do you have any allergies (including food related allergies), reactions to medications, or other medical limitations?
____yes____no

If yes, please explain: _____

Participant Name: Date:_____/_____/_____

_____

Participant Address:

_____

City, State, Zip: _____

Home Telephone:_____ Cell Phone: _____

Emergency Contact: _____

Emergency Contact Phone 1:_____ Phone 2: _____

Permission is hereby granted to any duly licensed dentist, physician and/or surgeon to perform emergency dental, medical or surgical service for:

Participant Signature:_____ Date:___/___/___