

## ASSUMPTION OF THE RISK FORM

### ODU-ASSOCIATED FIELD PROJECTS

NAME: \_\_\_\_\_

CLASS: BIOL \_\_\_\_\_

I agree that as a participant in, or a visitor to, the field projects associated with Old Dominion University and located at \_\_\_\_\_, I am responsible for my own behavior and well-being. I acknowledge that I have been informed of the general nature of the work conducted at this site, which involves research on live fish, wild animals, plants, and/or work in natural environments, and I understand that it may involve risks to my personal safety beyond those experienced in my everyday activities.

The same elements that contribute to the unique character of this visit can also be causes of loss or damage of personal equipment and accidental injury, illness, or in extreme cases, personal trauma or death. Risks during participation at, or visits to, this field site include, but are not limited to, encounters with venomous snakes, both seen and unseen; encounters with other wild animals; stings by insects such as bees, wasps, and hornets, and other insect; bites by arthropods such as mosquitoes, flies, ticks, and mites; exposure to poisonous or toxic plants including but not limited to poison ivy, poison oak or poison sumac; exposure to arthropod-borne diseases; injury due to attacks by fish, sharks or other aquatic creatures; accidents involving the use of automobiles and watercraft; slipping on wet ground; drowning; injury due to the use of a machete, radio antenna, or other instrument by myself or others; injury due to the activities of fishermen, divers and using hooks, spears, spear guns, etc., including firearms use; vehicular accident; fatigue, exhaustion, heat stress, sunburn and dehydration; becoming lost, disoriented, or separated from my party; or changes in weather conditions. I specifically acknowledge that the activities will occur in nature and that Old Dominion University has little control over natural situations.

I understand that I may be entering remote regions of the field site where communication devices may be ineffective. I also understand that there will be no assurance that special expertise in first aid will be available and, furthermore, that transport to medical care from some areas of this site may be difficult or nonexistent. I understand that in the event of accident or injury personal judgement must be employed by project personnel regarding what actions which must be taken. I understand that it is my responsibility to secure personal health insurance in advance of this visit, if desired, and to take into account my personal health and physical condition.

I further agree to abide by any and all Old Dominion University rules applicable to this trip; and, I will take responsibility for abiding by specific requests made of me for my safety, the safety of others, or the welfare of ongoing research projects during the trip. I understand that the University reserves the right to exclude my participation in this field trip if at any time my participation or behavior is deemed detrimental to the safety and welfare of others or to the conduct of ongoing research.

I acknowledge that I have read and fully understand this document. I further acknowledge that I am visiting this field site and accepting these personal risks and conditions of my own free will.

In consideration for being permitted to visit this field site on my own initiative, I hereby release Old Dominion University and its officers, agents, employees, interns, students, and volunteers, from any claim for personal injury or damage to, or loss of, my property which may occur as a result of my participation in this visit or arising out of my participation in this visit, including any such injury, damage or loss that may result from misjudgments made by any officer, employee or agent of the University. I understand that this Assumption of Risk document will remain in effect during any subsequent visits to this field site, unless a specific revocation of this document is filed in writing with the project director, at which time my visits to, or participation at, this field site will cease.

In case an emergency situation arises, please contact \_\_\_\_\_ (name) at \_\_\_\_\_ (phone number).

\_\_\_\_\_ I represent that I am 18 years of age or older and legally capable of entering into this contract.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

If participant is less than 18 years of age, the following section must be completed:

\_\_\_\_\_ My child/ward is under 18 years of age and I am hereby providing permission for him/her to participate in this and subsequent field trips and agree to be responsible for his/her behavior during this trip.

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Parent's or guardian's signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date