

UNC Charlotte
Off-Campus Activity/Field Work
Acknowledgement of Risk, Release, and Behavioral Agreement

IMPORTANT NOTES:

- *This Agreement is intended only for students participating in off-campus University-sponsored activities or field work that are **not course-related**. For course-related activities (field trips), see the [Field Trip Planning and Compliance Procedure](#).*
- *This Agreement is **NOT** intended for student-employees who are engaging in activities or field work as a part of their University employment.*
- *The activity/field work leader, if accompanying the student, should bring (or have digital access to) a signed copy of this Agreement when traveling with the student for emergency contact purposes.*

Section 1 (To be completed by activity/field work leader)

Activity: _____ **Activity Date(s):** _____

Activity/Field Work Leader: _____ **Cell Phone:** _____

Activity/Field Work Leader Email: _____

Activity/Field Work Location(s): _____

Equipment/supplies to be provided, if any:

- **By participant:** _____
- **By activity/field work leader:** _____

Immunizations required, if any: _____

Physical activities to be undertaken include: _____

Risks inherent in this activity/field work include physical or psychological injury due to: _____

Section 2 (To be completed by activity/field work participant or parent/guardian of minor activity/field work participant)

Student Name: _____

THIS IS A LEGAL DOCUMENT, WHICH INCLUDES A RELEASE OF LIABILITY.
READ IT CAREFULLY BEFORE SIGNING.

In consideration for being permitted by UNC Charlotte to participate in the above-named activity/ field work, the undersigned agrees as follows:

1. I understand and acknowledge that the activity/field work may expose me to risks including, but not limited to, bodily injury and damage to my own property or the property of others.

2. I hereby accept and assume responsibility for all risks, known and unknown, to me and my property in the activity/field work, and I am voluntarily participating in reliance upon my own judgment and knowledge of my own experience and capabilities.
3. I hereby state that I am in sufficient physical condition to participate in this activity/field work.
4. I understand that a determination of my ability to participate in the activity/field work should be made by my physician if necessary. I understand that I need the approval of a physician if I am uncertain as to my physical fitness for the rigors of this activity/field work. I understand that I may be required to seek approval from a physician if there is a health or safety question relative to my condition before being allowed to participate. In addition, I give permission to any doctor, hospital, or other medical facility to release confidentially to my treating physician(s) any information they may have concerning my medical condition and their professional contact with me for treatment purposes. I hereby grant my permission for such diagnostic, therapeutic, and operative procedures as deemed necessary for myself. A photocopy of this permission is to be considered valid as the original. I further understand that treatment for any medical problems I may suffer is my responsibility and will be paid by me and/or covered by my insurance.
5. I understand that neither UNC Charlotte nor the state of North Carolina provides medical insurance coverage for students or other non-employee participants in such activity/field work. I assume responsibility for providing my own medical coverage.
6. I further understand that activity/field work fees and charges are based on current conveyance rates, airfares, lodging rates, and travel costs, which are subject to change and for which I am responsible. I further understand that if I leave or am excluded from the activity/field work for any reason there will be no refund of fees paid or expenses incurred. I further agree that if I lose connections or become detached from the activity/field work group (if applicable) or if I become sick or injured, I will at my own expense contact and reach the activity/field work leader(s).
7. In consideration of the opportunity to participate in this activity/field work, I have and do hereby indemnify, release, and will hold harmless the University of North Carolina at Charlotte and all its officers, employees, and agents from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, and specifically including any claim for negligence or negligent acts, which I now have or which may arise out of or in connection with my participation in this activity/field work or in connection with any independent activities or travel that I choose to undertake while traveling during the activity/field work. The terms hereof shall serve as a release, indemnification, and assumption of risk for my heirs, executors, and administrators and for all members of my family.
8. I recognize that this Release means I am giving up, among other things, rights to sue the State of North Carolina, the University of North Carolina, the University of North Carolina at Charlotte, and their respective officers, employees, and agents for injuries, damages, or losses I may incur during my participation in the activity/field work. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

-- CONTINUED ON NEXT PAGE --

Behavioral Agreement

1. I have read the activity/field work rules and policies (if any) and hereby accept the rules and policies of the activity/field work described therein. I understand that the activity/field work leader has the authority to establish and enforce other rules in addition to these.
2. I understand that all applicable University policies, as well as state and federal laws apply throughout the activity/field work, including travel time, and any violation of these may result in a conduct referral to the Office of Student Accountability & Conflict Resolution.
3. I realize that as a participant on a UNC Charlotte-sponsored program, I may be perceived as a representative of UNC Charlotte. I will engage in behaviors that are responsible and mature. I understand that my behavior during the activity/field work will positively or negatively affect opinions of others about UNC Charlotte.
4. I understand that no alcohol use will be permitted during any activity/field work sponsored by UNC Charlotte or any organization affiliated with UNC Charlotte.
5. I understand that all state and federal laws/regulations and applicable policies regarding alcohol use must be followed during any activity/field work sponsored by an organization not affiliated with UNC Charlotte. See University Policy 706, Alcoholic Beverages, at legal.charlotte.edu/policies/up-706.
6. I will participate fully in all activity/field work and events associated with this activity/field work.
7. I understand that if I violate any of the terms of this Agreement, I may be asked to leave the activity/field work at the discretion of the University staff member responsible for the activity/field work. I understand that if I am asked to leave, I will be responsible for my own travel costs to return to UNC Charlotte and for any costs incurred by my participation in this activity/field work, and UNC Charlotte shall bear no responsibility or liability for my return travel. If I am asked to leave this activity/field work, I hereby consent to UNC Charlotte notifying my emergency contact, if applicable.
8. I understand that if a situation arises prior to my travel that requires my travel to be cancelled, I am personally responsible for any costs already incurred that are not otherwise refundable, such as air fare, conference registration, etc.
9. I understand that if a situation arises in which I require medical attention, I hereby consent to UNC Charlotte notifying my emergency contact below, if applicable. My continuing participation in the activity/field work will be evaluated, and I may be required to leave the activity/field work if I am unable to safely continue my participation.
10. I agree to abide by these and any other expectations specific to this activity/field work.

To request disability accommodations for this activity/field work, please contact Disability Services at least 10 days before the activity/field work at 704-687-0040 (voice/TDD) or at disability@charlotte.edu

[SIGNATURES ON NEXT PAGE]

Prior to signing this document, I have had an adequate opportunity to read and understand it, have had an opportunity to ask questions about it, and any questions I have had have been answered to my satisfaction. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

Participant Name (Please print) () Cell Phone

Signature of Participant Date

Participant 800#

Signature of Parent/Guardian of Minor Participant Date

In the event of an emergency, please contact:

Name (Please print) () Home Phone () Cell Phone

Address Relationship to Student