

DEPARTMENT OF EARTH SCIENCES

Declaration of Informed Consent

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Course Number o name of activity	ır	Instructor(s):	
Please Read Ca	refully and Complete the Form		
Student Name:		Student #:	
Who to Contact in	n Case of an Emergency:		
Emergency Contact:		Telephone #	
traveling, accidents as exposure to custor able to ensure my codoes not carry accidence accompanying circum considered a reason ask the University of relation to such actions actions actions actions are that by including but not ling to the exposure to cold, and the exposure to	or illness in remote places without medical facilities, oms and practices of societies different from our own complete safety at all times from such risks and dang dent or injury insurance for my benefit and also the umstances do not relate to or arise from my reseasable standard for an individual in my position. In their its employees to accept the consequences thereof; ons. If participating in off-campus field activities of the mited to: wet weather or the effects of heat and strong sunlight becoming lost and the lack of access to medical assis	the forces of nature and he forces of nature and he forces of nature and he forces. More particularly, at there may be certain arch or education or if ese cases I agree to be a further, I agree to be reducted. Department of Earth Solution of the forces	may occur, including but not limited to the hazards on the travel by air, train, automobile or other means as well viedge that despite its efforts, the University may not be I appreciate that Memorial University of Newfoundland matters for which I could be at fault personally if the matters for which I could be at fault personally if the matters or conduct fall short of what would be countable in all respects for my own actions and not to esponsible for any claims made against the University in ciences, I am exposing myself to many inherent risks parasites or other domestic or non-domestic animals
* Falls on steep, slip entanglement or i	opery or uneven terrain resulting in contact with rock impairment ; falling rock, flooding, immersion in cold water causi	ss, trees, obstructions ar	nd other participants, visible or non-visible or
and precautions give activities; that I will a		nsuring that I understan cidents and injury; and I	th field activities and the need to follow the instruction of the safety briefing(s) associated with off-campus field certify, to the best of my knowledge, that I am
Signature of participant:		Witness:	
Date:			

This informed consent must be completed in full before the participant is allowed to participate in field activities in the Dept. of Earth Sciences. It is required to describe to you risks associated with field activities in Earth Sciences and to limit the University's and Instructor's liability in the event of an accident.