

Memorial University  
Department of Earth Sciences  
Field School Coordination

Course:

Instructors:

Session:

**Declaration of Informed Consent**

SIGNING THIS DOCUMENT INDICATES THAT YOU UNDERSTAND THE RISKS ASSOCIATED WITH THIS FIELD SCHOOL ACTIVITY AND THAT YOU ARE AWARE THAT BY PARTICIPATING IN THIS ACTIVITY YOU ARE EXPOSING YOURSELF TO THE RISKS IDENTIFIED BELOW.

Please Read Carefully

Student Name (Print): \_\_\_\_\_

Student #: \_\_\_\_\_

Emergency contact - Person's name: \_\_\_\_\_ Phone# \_\_\_\_\_

I am aware that by participating in **FIELD ACTIVITIES of the DEPARTMENT OF EARTH SCIENCES (day trips & field schools)** I am exposing myself to the many inherent risks, including but not limited to:

- Exposure to cold, wet weather or the effects of heat and strong sunlight, or strong winds;
- The possibility of becoming lost and the lack of access to medical assistance in an emergency;
- Curious or aggressive wildlife: bears, other carnivores, rodents, wood ticks and other noxious insects; *Giardia* and other parasites or other domestic or non-domestic animals;
- falls on steep, slippery or uneven terrain which could result in contact with rocks, trees, obstructions and other participants, visible or non-visible or entanglement or impairment;
- vehicle accidents; falling rock, flooding, immersion in cold water causing hypothermia, shock or drowning, deadfall, noxious vegetation, theft of personal property;

Any or all of these risks may result in bodily injury or death.

I understand the risks associated with these activities and the requirement to follow all instruction and precautions given by the activity supervisors. I am responsible for ensuring that I understand the safety briefing(s) associated with these field school related activities; that I will act with due care and caution to avoid accidents and injury; and I certify, to the best of my knowledge, that I am physically/medically capable of participating in this field school.

SIGNATURE OF PARTICIPANT:

WITNESS:

This informed consent must be completed in full, signed, dated, and witnessed before the participant is allowed to participate in Geology and Geophysics field activities. This information is collected in the authority of the Freedom of Information and Protection of Privacy Act. It is required to describe to you risks associated with geological or geophysical field work, record an emergency contact for you, and to limit the University's and Instructors liability in the event of an accident. No other use is anticipated or permitted. If you have any questions about the collection or use of this information, you may contact Keir Hiscock, Department of Earth Sciences.

Date completed: \_\_\_\_\_