Class Activities
Assumption of Risk and Informed Consent Form

Sign and return this form to your instructor.

Student Name: _____ Date: _____

I, the undersigned participant, desire to participate in Learning Community class activities during the Fall 2013 semester that may be conducted inside or outside of the designated classroom and during or outside of the scheduled class meeting times for either or both of the classes in this Learning Community. These activities include and may not be limited to field trips. In consideration for being permitted to participate in these activities, I hereby agree to and represent the following:

1. I acknowledge that there may be physical activities to be undertaken that my include but may not be limited to: hiking, collecting, eating, interviewing, photographing, recording, driving, caving, climbing, observing, and being a passenger in vehicles.

2. I acknowledge that there are risks and dangers associated with Learning Community class activities and that all risk cannot be prevented. The risks and hazards of these activities, which can result in injury to me, death and property damage include, but may not be limited to: falling, tripping, drowning, infection, allergic reactions, car sickness, exhaustion, thirst, hunger, and vehicle collisions.

3. Knowing the risks and hazards described above, I voluntarily accept them and agree that any claim that I may have now or in the future against UNM, its officers, employees or agents, whether in contract or tort, arising out of my participation in these activities wherever such claim arises, shall be governed by the law of the State of New Mexico, including the New Mexico Tort Claims Act, Section 41-4-1 et. seq., NMSA 1978, as amended. I understand that the New Mexico Tort Claims Act imposes limits and restrictions upon civil lawsuits against UNM and its employees.

4. I acknowledge that UNM does not provide medical insurance for class activity participants. I agree to be financially responsible for any medical bills incurred as a result of any medical services that I receive. The University of New Mexico offers a group accident insurance policy for class activity participants. I acknowledge that if I do not have insurance, I may purchase this insurance coverage through the UNM Risk Management Office in Albuquerque. Contact the Learning Community office at 277-2028 prior to any individual Learning Community activity for assistance in purchasing this insurance. Cost for coverage for one person for one day is minimal. This group accident insurance must be purchased before each activity, and can be purchased at one time prior to a series of activities.

5. I represent that I am physically able, with or without accommodation, to participate in the class activities and am able to use necessary equipment and/or supplies. If I need accommodations for a disability for the class activities, I understand that I must contact the UNM Accessibility Resource Center at 277-3506.

6. Should I require emergency medical treatment as a result of accident or illness arising during the class activities, I consent to such treatment. I understand that the class instructors may not have up to date emergency medical training and that in an emergency, the instructors will use their best efforts to protect my well-being and safety. I will notify the instructor leading the trip in advance in writing if I have a medical condition about which emergency personnel should be informed.

7. When I am a passenger or driver in any private vehicle, I am responsible for verifying that the driver has proof of insurance, proof of vehicle registration, and that the driver is licensed to drive the vehicle in these circumstances.

8. (Optional) If you want, you may provide emergency contact information to your Learning Community instructor on a card that your instructor has available.

9. I understand that the UNM Student Code of Conduct applies to me during the class activities. I understand that UNM Has the right to enforce the Student Code of Conduct and that sanctions may be imposed for violations, up to and including dismissal from the activity and expulsion from UNM.

I have carefully read this form before signing it. No representations, statements or inducements, oral or written, apart from the foregoing written statement, have been made. The laws of the State of New Mexico shall govern this agreement, and New Mexico shall be the forum for any lawsuits filed under or incident to this form or to the activities.

_____	_____
Signature of Participant	Print Name
_____	_____
Date	Signature of Parent/Guardian *(if Participant is under 18 years of age)*