

## FIELD TRIP RELEASE FORM

For an in consideration of being allowed to participate in the trip going to \_\_\_\_\_ to take place on \_\_\_\_\_ described in more detail in the attached document, I, in full recognition and appreciation of the dangers and hazards involved in such activity, do hereby agree to assume all risks and responsibilities surrounding my participation in this event and do hereby release and hold harmless Princeton Rescue Squad, its Trustees, Officers, Directors, Faculty and Employees, and participants from and against any and all liabilities to the undersigned, his/her dependents, assigns, personal representatives, heirs and next of kin for any and all damages, expenses (including attorney fees) claims, judgments, actions or causes of action as a result of any loss or injury to the person or property, including death, which the participant may sustain or suffer during or arising out of activities of the above described event and during transportation to and from such event whether caused by negligence of the Princeton Rescue Squad, of persons acting on its behalf or otherwise.

I understand that Princeton Rescue Squad does not, in any manner, serve as principal, agent or partner of any travel agent, commercial carrier, or lodging establishment which may provide services or accommodations to the participants. I have read and understand this release and voluntarily sign this document and participate in this trip.

Please print and sign you name. Illegible forms will be rejected and returned.

---

Participant/student printed name:

Date

---

Participant/student signature:

### CONSENT TO ADMISSION AND TREATMENT

I hereby authorize the Princeton Rescue Squad or representatives thereof to admit me to a facility for emergency medical treatment as may be deemed necessary to my health or welfare. I hereby consent to whatever medical treatment is deemed necessary. I, on my behalf, and on the behalf of my heirs, successors, assigns, and personal representatives, hereby release the Princeton Rescue Squad, its trustees, officers, faculty and employees from any and all claims arising from my admission to such facility or from such treatment administered by such facility.

Persons to contact in the event of an emergency are listed below:

---

| NAME | ADDRESS | TELEPHONE |
|------|---------|-----------|
|------|---------|-----------|

---

|      |         |           |
|------|---------|-----------|
| NAME | ADDRESS | TELEPHONE |
|------|---------|-----------|