

## **DGS Field Trip Sign Up Forms**

Course Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Potential Trip Dates: \_\_\_\_\_

Attached are the following forms:

1. Sign-up Form (1 page)
2. UT Medical Information and Emergency Medical Authorization Form (2 pages)
3. UT Liability Release Form (1 page)
4. JSG Field Trip/Field Course Policy Statement (1 page)

Please fill out and submit **six weeks prior to your trip.**

Thank You!

## SIGN-UP INFORMATION

Please complete the following contact information, initial, and sign appropriately:

Name: \_\_\_\_\_ EID: \_\_\_\_\_

Local Address: \_\_\_\_\_

Address (cont.) \_\_\_\_\_

City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Person to Contact in an Emergency:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Address (cont.) \_\_\_\_\_

City, State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place a check next to your present status/major:

\_\_\_\_\_ B.S. General Geology

\_\_\_\_\_ B.S. Geophysics

\_\_\_\_\_ B.S. Geosystems/Engineering & Hydrogeology

\_\_\_\_\_ B.S. Hydrogeology

\_\_\_\_\_ B.A. Geology

\_\_\_\_\_ Graduate Student

\_\_\_\_\_ Other (please explain)

Please provide your driver's license number (also state, if not TX).

\_\_\_\_\_ TX Other: \_\_\_\_\_

Please indicate whether you are willing to drive on a regular basis or be a relief driver (must have valid TX drivers license) \_\_\_\_\_

Enter the name of your health insurance provider and policy number in the space below. If you do not have health insurance now, write "no health insurance" and give your date of birth. Health insurance can be purchased for you through an arrangement with the University.

Provider: \_\_\_\_\_ Identification #: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

I understand that I must have health insurance to participate in this course \_\_\_\_\_ (initial)

**UT AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT- ADULT**

**I. Medical Information**

- a. Name \_\_\_\_\_  
(last, first, middle)
- Address \_\_\_\_\_  
(street or p.o. box, city, state, zip code)
- Telephone Number: Day \_\_\_\_\_ Night \_\_\_\_\_
- b. Name of Nearest Relative: \_\_\_\_\_  
(last, first, middle)
- Address \_\_\_\_\_  
(street or p. o. box, city, state, zip code)
- Telephone Number: Day \_\_\_\_\_ Night \_\_\_\_\_
- c. Physician's Name: \_\_\_\_\_
- Address \_\_\_\_\_  
(street or p. o. box, city, state, zip code)
- Telephone Number: Office \_\_\_\_\_ Emergency \_\_\_\_\_
- d. Dentist's Name: \_\_\_\_\_
- Address \_\_\_\_\_  
(street or p. o. box, city, state, zip code)
- Telephone Number: Office \_\_\_\_\_ Emergency \_\_\_\_\_
- e. Health Insurance Company Name: \_\_\_\_\_
- Policy/Group #: \_\_\_\_\_ Telephone \_\_\_\_\_

**II. Emergency Medical Authorization**

I, the undersigned, do hereby authorize The University of Texas at Austin and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are from signed date to six months after.

I am eighteen years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.

\_\_\_\_\_  
(Signature of Individual Providing Authorization)

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

Please list below any health concerns your instructors should know about, including any medications, allergies, allergies to medicine or any other medical problems. Be specific and thorough.

Current Medications (prescription & over the counter): \_\_\_\_\_  
\_\_\_\_\_

Allergies, including those to medicines: \_\_\_\_\_

Do you carry medication for allergies? (List with dosages if yes) \_\_\_\_\_  
\_\_\_\_\_

Pertinent Medical History (medical conditions, e.g., diabetes, asthma, seizures, etc. or physical conditions that might be important for emergency care.)

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Special Beliefs (any religious or other beliefs that might impact medical care, such as blood transfusions, etc.)

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This form contains medical information that accurately reflects my known medical condition and medications I am currently taking.

Student's Name \_\_\_\_\_

Signature \_\_\_\_\_

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

**RELEASE AND INDEMNIFICATION AGREEMENT**  
**The University of Texas at Austin**

PARTICIPANT:

\_\_\_\_\_  
Name (last name, first name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

DESCRIPTION OF ACTIVITY OR TRIP: \_\_\_\_\_

MODE OF TRANSPORTATION: \_\_\_\_\_

LOCATION(s) of activity or trip: \_\_\_\_\_

DATES (month/date/year): FROM \_\_\_\_\_ TO \_\_\_\_\_

I, the above-named student, am eighteen years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release The University of Texas at Austin, its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of The University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Texas at Austin and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligence or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

\_\_\_\_\_  
Signature of Student

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Signature of Witness

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Witness

**Jackson School of Geosciences Department of Geological Sciences**  
**Field Trip and Field Course Policies**

The Department of Geological Sciences conducts numerous field activities (field trips, field geology courses, and field research). Because students are exposed to a variety of situations and experiences that are different from those found in the classroom, special rules of conduct are necessary. Traveling and field work involves hazards and risks, so each person must exercise care to avoid personal injury to others. Examples of dangers specific to field work are the use of geologic picks, poisonous snakes, tick bites, toxic plants, falling, and slippery rocks encountered when hiking on steep slopes or crossing streams. Other dangers, as well as damage to property, may be created by carelessness. The Department has access to certain private properties and use of private facilities whose future availability will depend upon proper consideration for these resources by everyone. Students who abuse University or personal property during a field trip, or who jeopardize the health and safety of other people, will be required to leave the field trip immediately. These persons will be subject to appropriate academic evaluation and possible disciplinary action by the Office of the Dean of Students.

**The Department has the following rules and recommendations which apply to field activities.**

- 1. Liability and Waiver.** The University requires all students to sign a liability release form (accompanying form). This form must be signed and returned before a student is allowed to participate in field activities.
- 2. Medical Care.** A medical form must be filled out by all students. Any student who has medical problems (e.g., asthma, diabetes, metabolic disorders, allergies, trick knees) should inform the field trip leader or supervising professor. If you require special medications, it is your responsibility to ensure that they are available when needed. Field activities are sometimes in very remote areas, and immediate medical assistance is not possible.
- 3. Health Insurance.** Every student taking a field course must have medical insurance. Student health insurance is available at minimal cost through the Student Health Center (471-4955). Students taking field trips as part of normal classes who do not have health insurance will be provided with insurance for the field trips only.
- 4. Clothing and protective cover.** Wear suitable clothes. We recommend wearing a hat, long pants, and good hiking boots in some areas. These help prevent sunstroke, insect bites, and bad encounters with cacti or thorny shrubs. You may want to bring insect repellent, and we also suggest the use of sunscreen. Consider significant possibilities of rain or cold weather.
- 5. General field hazards.** Insects, poisonous snakes, and toxic plants may be found on any field trip or course. Wearing suitable clothing and boots helps reduce these hazards. Remember to check yourself for ticks which can transmit diseases such as Rocky Mountain spotted fever, Lyme disease, etc. Ticks should be removed immediately; be sure to remove the body with head intact. Do not use a match to kill the tick first. Watch for, don't play with, and avoid snakes. Five students on Department trips have been bitten by rattlers since World War II; try not to be the sixth. If you are allergic to such things as bee stings, you must bring appropriate medication. A few other common-sense rules: stay out of the water if you can't swim; stay out of thunderstorms, particularly at high elevations, and out of flashflood-prone areas in any rain. Some field areas have steep cliffs that you are not required to and should not climb; use common sense and follow your instructor's advice in such areas.
- 6. Head and eye protection.** We recommend eye protection when using, or around someone using, a geologic pick, hammer, or other tools. Hard hats should be used in mines, quarries, steep road cuts, or other areas where rock falls or blows to the head could occur; some sites may require these protective devices. Safety glasses and hard hats can be checked out from the Department storeroom.
- 7. Firearms.** Possession of firearms or facsimiles at any time during any field course or field trip is forbidden.
- 8. Drugs and alcohol.** Use or possession of illegal drugs at any time is forbidden. Alcoholic beverages may NOT be consumed at any time while traveling in a University vehicle.
- 9. Department equipment.** Take care of Department property. Our equipment normally gets hard use and current budgets are tight, so treat it as you would your own.
- 10. Person Conduct:** Belligerent, intimidating or harassing behavior will not be tolerated. Any behavior that can or could be construed as sexual harassment, even if unintentional or offered in jest, will not be tolerated – if in doubt, err on the side of caution. No means no, without exception or explanations. Offenses should be reported to instructors immediately and are grounds for dismissal.

**I have read and agree to follow the Field Trip/Field Course Policies for departmental field activities.**

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Your signature

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