These guidelines pertain to University of Wisconsin-Eau Claire students, faculty, and staff during domestic field trips or other campus-sponsored events occurring as part of the scope of a UW-Eau Claire. Guidelines and compliance requirements for youth (minor) activities are not included in these guidelines. For guidance on youth activities please contact [Youth Protection Program](https://www.uwec.edu/youth-protection-program/).

1. Obtain written approval from your Dean, Department Chair or Director.
2. Trip review and training for students, complete during orientation:
	* Review and discuss event itinerary.
	* Provide proper orientation if activities during trip involve special skills, equipment, clothing, or other items.
	* Discuss applicable rules and logistics of the trip, including key points of travel, arrival and departure times, and other special concerns.
3. Provide the Participant Agreement and Emergency Contact Form (attached) to all participants prior to trip. Forms should be completed by participants and returned to field trip coordinator prior to field trip.

1. Maintain a roster of participants. Check attendance at the start and end of the field trip or event.

1. Create a safety or emergency plan and incorporate into training. The plan could include such items as:
	* Emergency phone numbers
	* Emergency evacuation procedures
	* Communication processes and use of proper Personal Protective Equipment (PPE)

1. Verify a department staff person, or office assistant, is available on campus to be a liaison for campus resources during the field trip or event.

1. Any and all safety or injury incidents should be reported to Risk Management via the [Incident Report eForm](https://uwec.bplogix.net/form.aspx?pid=d6b4de7a-a68b-41af-97f5-ecc275ef7d2d&formid=b00b81b5-faf5-4be4-b1c2-15b767d5c1b6&forminstid=&wfinstid=&prinstid=&tlid=&testmode=&parsecontrols=&CTRun=&CTConfigure=&CTContainerFORMID=&CTContainerWFID=&CTContainerRULEID=&CTContainerPRID=&completepage=&completepageprompt=&completetext=&saveformpage=&saveformtext=&saveformpageprompt=&url=&INFOMSG=&linkwfid=&linkprid=&nottask=&findtask=&caseinstid=&indash=1&incasef=&targetportlet=0&howtoopen=1), or by emailing hunterd@uwec.edu.

1. Transportation-
	* When transportation is arranged by the University, all applicable [travel](https://www.uwec.edu/firstsource-travel/) and [procurement](https://www.uwec.edu/purchasing/) procedures apply. Any driver (staff or student) operating an university-owned, university-rented or university-leased vehicle must have a valid [Vehicle Use Authorization](https://www.uwec.edu/risk-management-safety/driver-authorization-vehicle-use/) on file with Risk Management.
	* Alternate Transportation Form (attached) shall be completed when:
		1. transportation is arranged by the University, but the participant is not able to travel in arranged transportation.
		2. transportation is not arranged by the University, it is permissible for participants (including students) to drive their personal vehicle to, and from, the field trip or event location. Instruct participants on the meeting time and location of trip. Participant’s personal insurance will be liable for any accidents.

**Participant Agreement and Emergency Contact Form**

I understand the following information applies to the field trip or other event, sponsored by University of Wisconsin-Eau Claire (“University”), Click or tap here to enter text.(“Program”), to be held on Click or tap to enter a date.(date).

1. I understand that I am being asked to read each of the following paragraphs carefully. I understand that if I wish to discuss any of the terms contained in this agreement, I may contact Click or tap here to enter text.(field trip coordinator) at telephone number Click or tap here to enter text.;

1. I understand that the University strongly recommends I have appropriate personal health insurance for the entire duration of the field trip, as the University typically does not extend related insurance coverages to participants;

1. I authorize the University and its designated representatives to consent, on my behalf, to any emergency 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;

1. I agree to all applicable rules and standards of conduct as established by University;

1. I understand and agree that the University can make changes to the Program at any time, for any reason, and the University shall not be liable for any loss whatsoever to participants as a result of such changes. If Program is terminated by University, for any reason at any time, I accept responsibility for costs I incurred;

1. I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Eau Claire, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program; and

1. I acknowledge I have read this document, understand, and accept its conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants Name Date Participants Phone#

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants Signature Participant Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants Emergency Contact Name Emergency Contact Phone#

**Alternate Transportation Form**

It is the understanding of the University of Wisconsin-Eau Claire that you have elected to make alternate transportation arrangements and will not participate in the arrangements made by UW-Eau Claire, if any, as part of the Click or tap here to enter text.field trip/event on Click or tap to enter a date..

Hold Harmless, Indemnity and Release:

In consideration of electing to make alternate transportation arrangements, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Eau Claire, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program and during transportation to and from the program location.

I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

I have elected to decline University arranged transportation, if provided, and choose to provide my own transportation. I agree that I am in no way acting as a university employee, agent, or volunteer.

I accept full responsibility for making my own arrangements.

Please affirm your understanding by reading this entire form and signing below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants Name Date Participants Phone#

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants Signature