

INFORMED CONSENT/TRAVEL WAIVER + BIKING

I, _____ (students name), will be participating in a trip with _____
(name of organization), traveling to _____ (place) on _____ (date or
date range) in _____ (name of city).

I am a driver on this trip.

I am not a driver on this trip.

I recognize and acknowledge the following:

- That travel to and from the site via _____ (mode of transportation) entails risks of bodily injury or property damage.
- If driving, that I have a valid Drivers License and carry the legal limits of automobile insurance.
- That by voluntarily providing transportation for other individuals to and from the site, I may be liable for bodily injury or property damage assumed or incurred by these individuals.
- My participation on this trip is voluntary and is neither required nor is it part of any course or curriculum requirement.
- That I am physically able to participate in the trip activities and know of no disability that would prevent my participation.
- That while traveling in _____ (name of city) there is risks of bodily injury or property damage caused by or resulting from slips, trips, falls and other forms of physical harm.
- That participation is voluntary and it is at my own risk;
- That while traveling I should carry appropriate copies of photo identification and health insurance identification.
- That I understand that alcohol is prohibited at Rutgers University events. If I am found in possession of alcohol during any part of this trip, including travel to and from the site, I will be removed from _____ (name or student organization) and will face all judicial ramifications.
- I am aware of the inherent risks of bodily injury or death associated with biking activities. I realize that those risks include bad decision-making or possibly being thrown off of the bicycle upon hitting a stone, rock or crevice. I understand that there are unforeseeable unexpected accidents, and I assume all risks associated with such accidents, even though I cannot foresee them. I agree to pay attention to the state of the bicycle and will properly maintain it. I agree to abide by all rules set by the student organization and the Trip Leader/Coordinator makes a specific request of or instruction to me, I agree to comply.



- I agree to wear protective equipment while participating in this field trip and every biking trip.
- I acknowledge that biking is dangerous and voluntarily assume the risks of bodily injury and property damage, which may be incurred as a result of participating in biking activities. I agree to assume all risks of personal injury, including, but not limited to, paralysis and death, that may occur while I am biking with the student organization or while I am biking anywhere at any time.
- That in the event that a need for emergency medical services arises, I authorize and consent to such service being provided and assume the cost thereof;
- I am fully aware and thoroughly informed of the hazards of biking; further, I have read and fully understand the following:

A. Biking is a physical activity involving heavy exertion. A biker must be in good general health, free from cardiovascular and respiratory disease, and have good exercise tolerance. Even momentary impairment of consciousness while climbing may be fatal;

B. There are other related problems that include, but are not limited to reduced visibility if inclement weather such as rain, lightning, wind, snow, sleet or hail and cold temperatures occur.

C. Additional risks associated with biking include hitting rock and/or other debris; falling off the bike; equipment failure or blown-out tires.

D. The individual biker must realize that he/she is ultimately responsible for his/her own safety. It is clearly the biker's responsibility to refuse to climb if, in his/her judgment, conditions are unsafe.

E. I affirm, to the best of my knowledge, that I am in good physical and mental health and free from cardiovascular, respiratory or other diseases or ailments, which could endanger me while biking.

Notwithstanding these risks, I, for myself, my heirs and assigns do waive, release and discharge Rutgers, The State University of New Jersey, its governors, trustees, officers, employees, agents, the student organization, its officers, agents, trip leaders, activity coordinators, or members from and against all claims for bodily injury, death or property damage, arising in any manner out of my presence or activities in connection with this trip. Furthermore, the undersigned student acknowledges that the risks outlined above are not intended to be all inclusive and voluntarily accepts all risks known or unknown.

It is further understood and agreed that this waiver, release, indemnity and assumption of risk is to be binding on my heirs and assigns.

Participant's Name (Print)

RUID

Participant's Signature

Date

Emergency Contact's Name

Emergency Contact's Phone Number

I have the following health conditions and/or allergies that trip coordinators should be aware of:

Health Insurance Carrier's Name (Non-Rutgers guest only)

Policy Number (Non-Rutgers guest only)