GRAND VALLEY STATE UNIVERSITY

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

DEPARTMENT OF MATHEMATICS

FOR MATHEMATICS EDUCATION FIELD EXPERIENCES

To the student: Please read the following, sign, and turn in to your instructor or the main department office (A-2-178 MAK) by the end of the 2nd week of class.

I desire to be engaged in one or more field experiences offered through Grand Valley State University mathematics education courses, to be held at certain times and places from January 1, 2013 through December 31, 2013. I fully understand and appreciate that there are dangers, hazards, and risks inherent in the transportation to and participation in any field experiences and which also could include serious or even mortal injuries and property damage.

I further understand that I assume all risks and responsibilities and I waive, release and hold harmless Grand Valley State University, its employees, administrators, agents, assigns, and all other persons acting on behalf of the University, shall not be responsible for any injuries known and unknown, both to person and property, which have resulted or may in the future develop from any accident which might occur as a result of activity in which I partake related to the field experience.

If I am injured or become ill while traveling or participating in the field experience, I give my permission to employees of Grand Valley State University to seek medical treatment for me. I understand that this authorization is given in advance of any specific diagnosis, or treatment or medical care being required and is to serve as specific consent to any and all such diagnosis, treatment or hospital care which may be deemed advisable. I understand and agree that employees of Grand Valley State University assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment and I indemnify them for any expenses related to my medical diagnosis, treatment or care.

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Student Name (print)

Signature Date

Signature of parent or guardian if under the age of 18 Date