

Blakely Island Field Station Field Trip Form

Participant Information

Class in which you are participating: _____

Dates of field trip: _____

Name: _____

Email: _____

Phone: _____

Current Address or Residence Hall: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Relationship to Emergency Contact: _____

Housing Information

If a student has unique housing accommodations recognized through Disability Support Services, please contact your professor so that they might partner with DSS to see if providing such support at Blakely is possible.

Housing at Blakely is suite style with shared bathrooms (similar to Arnett and Emerson Residence Halls). Housing is typically assigned based on legal sex, as indicated in Banner. Please contact your professor should additional considerations be necessary.

For housing purposes, please identify your legal sex: F M

Dietary Information

We provide five meals on Blakely during your weekend trip (Friday dinner, Saturday breakfast/lunch/dinner, Sunday brunch). Meals will be cooked with the intention of being healthy, filling, accommodating, and sustainable. Simple snacks will also be available. There are no places to get groceries on the island, so caretakers must know dietary restrictions before your trip so you can be accommodated!

Please list any dietary restrictions below. If there are any helpful details about your allergies/preferences that you feel comfortable sharing, please do so here:

Medical Information

If you have any medical conditions or non-dietary allergies not listed above that would be helpful for your caretakers to know of, please describe them here.

Please read the liability waiver, sign it or obtain the required signature. Please scan and email the forms at least 7 days before your scheduled arrival at Blakely Island to:

Morgan Jenney - Blakely Island Guest Services Coordinator at jenneym@spu.edu

If you are incapable of scanning the forms, please send Morgan an email to come up with a solution.

**Seattle Pacific University – Blakely Island Field Station
Assumption of Risk, Release of Liability, and Indemnity Agreement**

Instructions: *This is an Assumption of Risk, Release of Liability, and Indemnity Agreement (the “Agreement”) for participation in activities at Blakely Island Field Station (“BIFS”), which is owned by Seattle Pacific University (“SPU”). Any individual who participates in any activity at BIFS must read this Agreement, initial next to each paragraph, and sign at the bottom. Such individual is referred to in this Agreement as “Participant.” If Participant is less than 18 years old, then Participant’s parent or legal guardian must also read this Agreement, initial by each paragraph, and sign at the bottom. As used below, “I” refers to each person who signs this Agreement, and “Activity” refers to the activity at BIFS in which Participant participates as well as all other activities in connection therewith, including transportation to and from BIFS.*

Assumption of Risk

_____ I understand that: (a) BIFS is on an island in the San Juan Islands that can only be accessed by boat, seaplane, or helicopter; (b) there is no hospital, medical clinic, pharmacy, police station, or professional fire station on the island, and immediate professional medical attention will not be available; (c) driving on the island can involve increased risk due to factors such as unpaved and narrow roadways, curves with limited visibility, and adjacent slopes without guardrails; (d) Blakely Island has wildlife similar to other San Juan Islands; (e) BIFS is in a densely wooded, largely undeveloped area and is adjacent to a lake; (f) the facilities at BIFS are multiple decades old and may not meet all building codes imposed on new construction; (g) cell phone service can be limited at BIFS, and communication through other means (e.g., internet) may experience interruptions, particularly during inclement weather; and (h) depending on the circumstances, Participant may have the opportunity to engage in hiking, camping, swimming, scuba diving, or boating (although some or all of these may not be permitted as part of the Activity).

_____ I affirm that I am responsible for determining whether any medical conditions should prevent Participant from participating in any aspect of the Activity and for ensuring Participant has any necessary medication for participating in the Activity. Participant will exercise reasonable care in deciding what parts of the Activity, if any, to participate in and how to participate safely. I give my permission for SPU personnel to provide Participant with first aid and arrange for emergency medical care if such personnel believes it is necessary or appropriate, but I understand that this permission does not impose any obligation on SPU personnel to provide medical care.

_____ I understand that participating in the Activity involves risks, which may include but are not limited to damage to personal property, illness, minor or severe personal injury, or even loss of life. I understand that risks may arise from activities and conditions that include but are not limited to driving, boating, physical activities, the condition of facilities, misuse or failure of equipment, engaging in activities without supervision, weather, lack of medical care, and natural surroundings. I agree that SPU is not responsible for any actions of Participant or of any other participants in the Activity, that participants may be permitted to engage in activities without SPU supervision, and that SPU cannot guarantee Participant’s health or safety while at BIFS.

_____ I knowingly and voluntarily assume all risks involved in Participant’s participation in the Activity, regardless of whether such risks are identified in this Agreement.

COVID-19

_____ I understand that the novel coronavirus, COVID-19, is a highly contagious, potentially life-threatening disease declared by the World Health Organization to be a global pandemic. Prior to Participant’s participation in the Activity, I will review information on the Public Health – Seattle & King County website about COVID-19 (e.g., <https://www.kingcounty.gov/depts/health/covid-19/FAQ.aspx>). I understand that people infected with COVID-19 may be asymptomatic for a period of time, which can make it difficult to prevent the spread of the disease. I understand that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk related to COVID-19. I understand that my participation in the Activity may need to be limited or even terminated as a result of COVID-19 impact or precautions. I voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in the Activity and that such exposure or infection may result in personal injury, illness, permanent disability, and/or even death. I understand that the release and indemnity included below extends to, but is not limited to, any and all claims related to exposure to COVID-19 from participating in the Activity.

Indemnity and Release of Liability

_____ To the maximum extent permitted by law: (i) I waive any and all claims against SPU and its trustees, employees, and volunteers for damages, injuries, or other losses arising out of or in connection with participation by Participant in the Activity; (ii) I release, forever discharge, and agree not to sue SPU and its trustees, employees, and volunteers with respect to Participant’s participation in the Activity; (iii) I agree to indemnify SPU and its trustees, employees, and volunteers for all costs that arise out of any claims related to Participant’s participation in the Activity that are brought by Participant, by me, on Participant’s behalf, or on my behalf against any or all of SPU and its trustees, employees, and volunteers; and (iv) if I am a parent or legal guardian of Participant, I sign on behalf of myself and all other parents or legal guardians of Participant. This release extends to, but is not limited to, claims where there is alleged concurrent or contributory negligence by SPU or its trustees, employees, or volunteers. I agree that this release and indemnity will bind my agents, heirs, executors, successors, and assigns (if any).

I have carefully read this Agreement, I fully understand its contents, and I sign below voluntarily and of my own free will.

Print Participant Name Participant Signature Date

If the participant is under 18 years of age, please include parent/guardian signature below.

Print Parent/Guardian Name Parent/Guardian Signature Date