

DOMESTIC FIELD TRIP CONDITIONS OF PARTICIPATION

College of Design

IOWA STATE UNIVERSITY

Instructor's name _____ Course number _____

Field trips away from campus are arranged as a means of enriching students' learning experience. Participation is a privilege. All students who wish to attend College of Design field trips are **required** to carefully review and sign the following statement which constitutes conditions for participation.

1. I understand that as a field trip participant I am a public representative of ISU and that my actions and behavior affect future students and the ISU community-at-large.
2. I understand that I am accountable for my actions and that I am expected to make responsible, lawful decisions. As such, I understand that I am subject to federal, state, and local laws and agree to abide by those laws throughout the trip. I understand that Iowa State University may be limited in its ability to provide assistance in the event of arrest and may also institute disciplinary proceedings.
3. I understand that as a participant on an Iowa State University College of Design field trip that I am subject to all of the student conduct regulations described in the Student Information Handbook. (Available from the ISU Dean of Students Office and the Dean of Students web site.)
4. I agree that the faculty in charge may terminate my participation in the trip if I engage in actions endangering to myself or others, or if my conduct is considered to be detrimental or incompatible with the best interest and welfare of the program. I further agree, if expelled from the trip, to be responsible for all expenses incurred in returning to Iowa State University.
5. I agree not to be in possession of or consume any illegal substance.
6. **If I am under the legal drinking age:** I agree not to transport, be in possession of, or consume alcohol at any time.
If I am of legal drinking age: I agree not to transport alcohol, consume it during times of organized activities, or share it with minors. If I do consume alcohol outside of class time, I agree to do it responsibly and in a manner that does not disturb others or impact organized activities.
7. I agree to participate fully in all planned activities.
8. I agree not to disturb other hotel or restaurant guests in any way.
9. If I am currently taking prescribed medications, I agree to do so in a timely manner and according to the prescription.
10. I agree to be responsible for any and all health care costs incurred by me on the field trip.
11. I am aware of the nature and cost of the program and will guarantee that all preset financial obligations will be met.
12. I understand that Iowa State University reserves the right to cancel programs in the case of insufficient participation or for other reasons deemed appropriate. Iowa State University also reserves the right to make changes to the program (such as program leader) or alterations in the program's proposed schedule and itinerary. I further understand that should the program, or any portion of the program, be canceled, Iowa State University shall have no responsibility beyond the refund of all deposits made and monies paid to Iowa State University by participants. Minor alterations in programs will not result in refunds.

-- OVER --

I have read and understand the conditions governing my participation in ISU College of Design field trips. I further understand the possible actions that will be taken should I act in a manner that is inconsistent with these conditions.

Student's signature _____ Date _____

Parent's signature (required if you under 18 years of age) _____ Date _____

EMERGENCY CONTACT INFORMATION – Please print or type

Your name _____

Address _____

Phone _____

E-mail _____

Name of health care provider _____

Policy number _____

Parent/Guardian/Person
to contact in case of emergency _____

Address _____

Phone _____

Fax _____

E-mail _____

I give my permission to Iowa State University and its agents to contact the person I have identified as my emergency contact in the event the field trip faculty leader feels such action is justified.

Student's signature _____ Date _____