University Field Activities
Sign Out Agreement

Activity title: _______________________________________
Course: ___________________________________________
Date: ______________________________________________
Time: ______________________________________________
Location: __________________________________________

Name (Print): ______________________________________
Departure _________________________________________
Date: _____________________________________________
Time: _____________________________________________
Location: __________________________________________

I have identified the risks of leaving the field activity and agree to accept those risks and agree to hold the University harmless for consequences of my own acts of negligence as well as the negligent acts of others.

________________________________________________________________________
Signed Date