Department of Zoology Field Research Safety Webform - Participant

**Page Name: Department of Zoology Field Research Participant Information**

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| --- |
| Project ID (provided by the PI):  [text field] |

**Part 1.** **Critical Data**

Name      [text field]

University affiliation       [text field]

Student ID or Employee Number      [text field]

Local Address      [text field]

Phone Number     [text field]

Age      [text field]

Gender      [text field]

Completed Field Safety Training:  Yes/ No   [radio buttons]

Are you a Volunteer?  Yes/ No  [radio buttons]

Emergency Contact      [text field]

Relationship      [text field]

Primary Phone      [text field]

Secondary Phone      [text field]

Please identify any known allergies and the nature of your reaction to these allergens     [multi-line field]

Please identify any disabilities or conditions you have that may limit or inhibit your participation in the field      [multi-line ]

Please identify any medication you are currently taking that could be important for the trip leader or emergency personnel to know about      [multi-line ]

**Part 2. Acknowledgment of Risk Form**

Please indicate that you have read and understand the:   [checkboxes]

Zoology Field Safety Policy

Risk assessment form

Communication plan

Emergency response plan

Trip procedure

Safety Planning Record

Submitting this document indicates that I understand that during research trips, field trips, or other excursions in which I am participating under the arrangements of the University of British Columbia, certain risks and dangers may occur, including but not limited to the hazards of traveling, accidents, or illness in remote places without medical facilities; the forces of nature and travel by air, train, automobile or other means; as well as exposure to customs and practices of societies different from our own. Accordingly, I acknowledge that despite its efforts, the University may not be able to ensure my complete safety at all times from such risks and dangers. I appreciate that the University does not carry accident or injury insurance for my benefit and also there may be certain matters for which I could be at fault personally if the accompanying circumstances do not relate to or arise from my research or education or if my activities or conduct fall short of what would be considered a reasonable standard for an individual in my position. In these cases, I agree to be accountable in all respects for my own actions and not to ask the University or its employees to accept the consequences thereof; further I agree to be responsible for any claims made against the University in relation to such actions.

I am aware that by participating in off-campus activities, I am exposing myself to inherent risks including but not limited to:

* adverse environmental conditions, including but not limited to exposure to cold, wet weather or the effects of heat and strong sunlight;
* the possibility of becoming lost and the lack of access to medical assistance in an emergency;
* curious or aggressive wildlife, insects, and diseases associated with insects and/or parasites;
* hazards related to terrain, including but not limited to falls on steep, slippery or uneven terrain resulting in blunt contact with obstructions;
* transportation issues and safety, including but not limited to vehicle accidents,
* theft of personal property.

I understand the risks and hazards that may be associated with field research, and confirm that I have filled, understand the proper forms required for field research (checked above). I also understand and have taken the proper precautionary steps and training and will adhere to the forms and guidelines. To the best of my knowledge, I am physically and medically capable of participating in the off-campus activity.

Agree [checkbox] (\*form validation – will not submit if not checked)

Submit Button