

La Trobe University
Faculty of Science, Technology and Engineering
Department of Botany
Field Courses

TO: Head of Department and Course Supervisor

SUBJECT: Abiding agreement for Field Courses

I understand that participation in the Field Course(s) is voluntary and taken entirely at my own risk.

I have read and understood the documentation provided. I understand that:

- dangerous organisms may be encountered (e.g. leeches, ticks, snakes),
- there are no or restricted medical facilities in the immediate vicinity,
- I must abide by the regulations of La Trobe University and other relevant authorities who may control access to areas or facilities or activities in which I am engaged,
- collection of specimens is under strict permit control, and

I understand that this Field Course is an extension of normal University activities and that I am required to abide by all reasonable instructions and University procedures during the Field Course. I further understand that complaints concerning my conduct and behaviour from University staff, relevant authorities or members of the public may result in my expulsion from the Field Course. In the event of my expulsion from the Field Course, I am responsible for all arrangements and costs associated with my return to La Trobe University (Bundoora Campus).

Signature

Date:

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EMERGENCY INFORMATION

Name:

Date of Birth:

It is the responsibility of each participant to inform the Field Trip Co-ordinator of any pre-existing medical condition or disability which may affect their participation in a field trip (e.g. asthma and walking) or which may require active management during the field trip (including the administration of medications). Any information of a medical or personal nature will be treated in a confidential manner and only relevant medical and paramedical personnel will be informed.

If you have any medical condition or disability which may affect your participation in the field trip or which may require intervention by a member of staff during the field trip, please provide further details of the condition and any restrictions or limitations arising. If relevant, a letter from your treating doctor should be attached. In particular

Details (if applicable):

Person to contact in event of emergency

Name:

Phone:

Address:

In the event of illness, accident or other circumstances requiring my early departure from the Field Course, I will be responsible for all arrangements and costs associated with returning to La Trobe University (Bundoora Campus).

Signature

Date: