



TOWSON UNIVERSITY
Field Research Liability Waiver

In consideration for participation in _____ (hereafter referred to as the
“field research”), I hereby agree that:

- (1) I shall comply with all rules, regulations, and standards of conduct fixed by the University, its agents and employees, regarding participation in the field research.
- (2) I warrant that I am in good health, and may travel as required, and am free from any physical or mental ailment or disability requiring medical, surgical, or other care treatment which might endanger the health or safety of myself or those with whom I may come in contact.
- (3) I have been fully advised of the activities planned and voluntarily assume all the risks associated with such activities.
- (4) I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with the activities planned. I have no physical or mental condition which, to my knowledge, would endanger myself or others if I participate in these activities or would interfere with my ability to participate.
- (5) I understand and agree that situations may arise during this event which may be beyond the control of the University and its agents and employees. I understand and expressly assume all the risks and dangers of participation in the field research, and I hereby release, waive, discharge, and covenant not to sue Towson University, the University System of Maryland, the State of Maryland, and their officers, agents, servants, and employees (collectively, the “Releasees”) from all liability, claims demands, actions, or causes of action whatsoever arising out of any damages, loss or injury to me or to my property while participating in the field research, whether such damage, loss or injury results from the negligence of the Releasees or for any other cause. I also hereby release, waive, discharge and covenant not to sue the Releasees from any claims whatsoever on account of any first aid, treatment, or service rendered to me during my participation in the field research. I hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage or costs, including court costs and attorneys’ fees, that they may incur due to my participation in the field research, whether caused by the negligence of Releasees or otherwise.

(6) I have received the proper zoonosis training and have been fully informed by my course instructor or the Principal Investigator (PI) supervising this field research of the benefits to receiving the rabies vaccination. I understand that the vaccination is optional and that the risk for receiving or not receiving it is assumed by me, and that Towson University is not liable for any harm or damages that may come to me due to possible contact with wildlife animals.

(7) I agree for myself and my successors that the above representations and agreements are contractually binding and are not mere recitals. This agreement may not be modified except for another agreement in writing signed by the university.

(8) I have carefully read this form and fully understand its contents. I am aware that this is a release of liability form and a waiver of claims, an agreement not to sue, and a contract between myself and Towson University, and I sign it of my own free will.

Participant's Signature

Date

Participant's Printed Name

Date

Parent or guardian of a minor: I, as parent or guardian of _____, hereby give my permission for my child to participate in the above named event and further agree individually and on behalf of my child to the terms of the above.

Parent's or Guardian's Signature (if Participant is under 18)

Date