

**St. Cloud State University Outdoor Endeavors
Husky Adventures Participant Agreement**

As a participant in a Husky Adventures Trip offered through the SCSU Outdoor Endeavors, I understand and agree to the following terms listed below:

1. I am freely choosing to go on this trip and I agree to the guidelines established in this document. I agree to take responsibility for my behavior and safety during the course of the trip, including acknowledgement of my own limitations. I will act conscientiously and maturely. I will respect and care for my fellow participants, and I will contribute my efforts toward the good of the whole group.
2. I understand that Husky Adventure trips are not pre-packaged programs in which I merely participate. Rather, I recognize my obligation in helping to shape the experience and carry-out specific responsibilities for the group.
3. I will attend all pre-trip orientation meetings in order to be well-prepared for the experience. If I cannot attend a meeting, I will inform my trip leaders and schedule a separate time to meet with them to review the information covered.
4. I will respect the authority and responsibility of faculty/staff and student leaders and will abide by their decisions.
5. I take full responsibility for meeting the financial responsibilities of the trip (program fee and personal expenses) including submission of payments by the set deadlines and am aware of the refund policy set by SCSU Outdoor Endeavors.
6. I understand that Husky Adventure trips each have their own policy regarding alcohol use. Though I might be of legal age to drink alcohol, I agree to abide by the SCSU Outdoor Endeavors Drug and Alcohol Policy included in this packet. This policy is enforced out of respect for the people we visit. It is also out of respect for under-age participants who would have to be excluded from alcohol-related activities.
7. I understand that I will stay with the group at the designated housing site.
8. Husky Adventure trips end upon return to the SCSU campus. I will return with my group unless prior arrangements have been made. SCSU is not responsible for any student/staff electing to remain at a site, or travel to another destination after the trip.
9. I understand that SCSU does not provide health, accident, disability, or other insurance to trip participants. If I have health insurance coverage, I have contacted my insurance company to receive appropriate documentation and will carry it with me at all times. I agree to be responsible for payment of all medical treatment while on this trip.
10. I agree to inform the SCSU Outdoor Endeavors staff of any existing medical conditions that might require treatment, require accommodation for participation in trip activities, or about which medical personnel should be informed.
11. Safety is a primary concern of the Outdoor Endeavors program. I will cooperate with Outdoor Endeavors staff and leaders to promote a safe environment and understand that some aspects of the trip may be changed or cancelled to address safety.
12. I understand that I represent SCSU and that this is a University trip, therefore, I agree to be bound by University laws, rules, policies and regulations, and further agree to refrain from illegal activity. I understand it is important to the success of the present trip and the continuance of future programs that participants observe standards of conduct that would not compromise SCSU in the eyes of the individuals and organizations with which it has dealings.
13. I agree that SCSU Outdoor Endeavors reserves the right to terminate my participation for failure to behave and act in accordance with the program's regulations on conduct, for failure to follow the instructions and directions of the program site leader and supervisors, or for any acts of conduct deemed by said persons to be detrimental to or incompatible with the interest, harmony, comfort, or welfare of the program as a whole. If my participation is terminated, there will be no refund of payments and I understand I will be sent home immediately at my own expense.
14. I agree to provide SCSU Student Disability Services (located in Atwood B111) a completed Application for Services at least 30 days prior to the trip start date if my participation requires a reasonable accommodations for disability.

Participant Name: _____ Birthday: _____

Participant Signature: _____ Date: _____

Drivers License: _____ State of Issue: _____

SCSU Outdoor Endeavors, 102 HAH 720 4th Ave South, St. Cloud, MN 56301 320-308-3772 outdoor_endeavors@stcloudstate.edu

Trip: _____

Dates of Trip: _____