



To be completed by all participants and returned to Field Trip Leader. A copy to be retained by participant.

For repeated field trips to the same locations, this form can be completed on a semester basis however participants must check to ensure their personal information is correct.

As a participant on a field trip you are asked to **READ, UNDERSTAND, SIGN** and RETURN this form (*in accordance with requirements of the WHS Act, 2012*). Whilst participating in the field trip you must carry your **personal ID** and **medications**, together with **food** and **drink** provisions as required.

The following guidelines are for your personal safety. Failure to comply with reasonable instructions may result in you not being permitted to participate in the remainder of the field trip.

1. I will **obey all reasonable directions** from Field Trip Leader.
2. **Wear appropriate clothing** for prevailing weather conditions (sturdy, enclosed footwear and hat are required).
3. **Stay clear of hazardous areas** or dangerous locations (e.g. cliff edges, mine shafts, quarry faces and open slopes).
4. I agree to **maintain professional behaviour** as a student/ staff member representing Flinders University at all times during the field trip, including when field trip activities have ceased for the day and I have free time.
5. **Respect** the property of others at all times – such as that of landowners and places where you are accommodated.
6. **Do not leave your group without notifying the Field Trip Leader** of your intended movements in time and place.
7. Will not take any prohibited items on the trip (**see – [Field Trip Manual](#)**).
8. **No recreational drugs are permitted. Limit the consumption of alcohol** to ensure that you do not endanger your own safety or the safety of any other person on the field trip.
9. I understand all participants are expected to **assist in housekeeping duties** as directed by the Field Trip Leader.
10. University **insurance** – including private vehicle insurance is understood.
11. I will not attend if I am unwell and until acute symptoms have cleared.

I have read, understood and agree to the conditions of this field trip. I agree that I will not intentionally cause any concern regarding my own health and safety or that of others on the field trip and have been informed of the specific risks associated with the field trip.

I hereby give permission for medical treatment to be administered to me in the event of an emergency. Yes No

PARTICIPANT DETAILS

Participant Name (BLOCK CAPITALS):

Participant Signature:

Date:

Participant
Australian
Phone/Mobile:

EMERGENCY CONTACT DETAILS

In the event of any emergency please contact the following person:
(Next of Kin, who is not on the Field Trip)

Emergency
Contact Name:

Alternative
Emergency
Contact Name:

Emergency
Contact Phone
(Australian):
Alternative
Emergency
Contact Phone:

Medical condition: Please outline any physical or medical conditions, which may affect your health or safety during your field trip and related activities. This information will be treated as confidential and used only to assist in the safe planning and emergency response during the field trip.

Medical Condition:

Medication:

Allergies:

This is a confidential form.

For the duration of the field trip/s this document will be held by the Field Trip Leader and the University Nominated Contact Person.

Valid from:

Valid to:

Are these details true and correct? Yes No

If you are under 18 years old, your parent/guardian/care-giver also needs to sign the form, below.

Sign:

Date:

PLEASE ENSURE YOU SIGN THE FORM AND RETURN TO FIELD TRIP LEADER **BEFORE** THE FIELD TRIP COMMENCES. IF THEY ARE NOT, YOU WILL **NOT BE ABLE TO PARTICIPATE**.