



UNIVERSITY OF KANSAS – OUTDOOR PURSUITS PROGRAM
INFORMED CONSENT STATEMENT – CANOE KU

<PLEASE PRINT OUT, COMPLETE, AND SEND BACK PROMPTLY>

There seems to be much confusion regarding insurance and liability as regards activities, be they club sports or academic credit field trips, or some other combination of official/unofficial activities. This memo is designed to answer the most frequently asked questions.

AUTOMOBILE COVERAGE / PIP PROPERTY DAMAGE

Whose insurance covers me if I am hurt in a car accident while participating in a University sponsored event?

Individuals who use their own vehicles retain the entire exposure, that is to say that any claim, whether it is property damage, personal injury or liability will be the driver's own insurance companies responsibility. If an accident occurs in a University of Kansas or State of Kansas vehicle, the applicable Automobile Reparations Act for the location will be applied. What this means is that if an accident occurs in Missouri during a trip, the Missouri law will prevail. In many instances, the laws require that personal injury claims be placed through an individual's own coverage, with the University's or States coverage as secondary.

GENERAL LIABILITY

What happens to me if I am hurt while participating in a University Activity?

Although we do not anticipate any risk or danger to participants, certain activities carry an inherent risk, such as unimproved land, very high or low temperatures and other inclement weather exposures or high crime areas. In addition, the activity you are participating in may also be strenuous or require a certain level of competence and fitness to accomplish without risk of injury or illness. YOU MUST MAKE THE DECISION AS TO YOUR ABILITY TO PARTICIPATE RISK FREE OR WITH MINIMAL RISK. IF YOU HAVE DOUBTS AS TO YOUR ABILITIES, THE UNIVERSITY OF KANSAS STRONGLY SUGGESTS THAT YOU OBTAIN A DETAILED PHYSICAL EXAMINATION FROM A QUALIFIED PHYSICIAN PRIOR TO PARTICIPATING IN SUCH ACTIVITIES. Participation in these types of athletic or physical activities carries an inherent risk which the participant assumes. The Office of Risk Management strongly suggests that individuals carry a medical coverage insurance policy that can cover these types of exposures.

Name of Insurance Company

Policy Number

Participant's Full Printed Name

Student Identification Number

Emergency Contact Person #1

Contact's home phone # Contact's work phone #

Emergency Contact Person #2

Contact's home phone # Contact's work phone #

I have read and understand this statement of information regarding participation in off-campus activities with the University of Kansas.

Signature

Date

Address

Home phone # Work phone #

Parent or guardian if under 18 yrs.

Date