



2021 AES 320– Summer Field Experience Important Instructions

Please fill out all of the following forms, print, sign and date them, and bring them with you to The first day of the summer field experience or email to dave.mcnear@uky.edu

Please note that we must have a copy (front and back) of your insurance and Rx cards. Clear photographs edited to all be on one page are acceptable.

Make sure you have included:

Questionnaire (Page 1)

Health History Questionnaire (Page 2)

Statement of Understanding (Page 3)

Medical Authorization (Page 4)

Medical Insurance Information Form (Page 5)

Photocopy of the front and back of your insurance cards

Student Waiver Form (Page 6)

Photo Release Form (Page 7)

Name:

Are you a vegetarian? Yes No

Are you a vegan? Yes No

Do you have any food specific allergies? Yes No

If yes, please list:



2021 AES 320 – Summer Field Experience Health History Questionnaire

Name:

Cell Phone:

Height:

Weight:

Birth Date:

Emergency Contact (Name and phone number):

Regular physical activity is fun and healthy, and for most people safe. However, some individuals may have health-related risks that might require them to check with their physician prior to participating in an outdoor activity. To help determine if there is a need for your physician's approval before participating in an outdoor activity, please read the following questions and answer carefully. All information will be kept in strictest confidence.

1. List any allergies and level of reaction:

2. List any medical conditions:

3. List all medications you currently take and its purpose:

4. Do you have an orthopedic condition that would restrict you in performing physical activity? If yes, please describe.

5. Do you have asthma or another respiratory condition that causes difficulty breathing?



2021 AES 320 – Summer Field Experience Statement of Understanding

With my signature below, I attest to the following:

1. I have read the Summer Field Experience Rules (located in the syllabus)
2. I fully understand the AES Summer Field Experience Rules
3. I agree to abide by the Summer Field Experience Rules

Print Name Here

Sign Here

Date

Sign Here ↗

AUTHORIZATION TO RELEASE INFORMATION

I authorize any Health Care Provider, Insurance Company, Employer, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment-related information concerning the patient, to any CIGNA company, the Plan administrator or their employees and authorized agents for the purpose of validating and determining benefits payable. This data may be extracted for use in audit or statistical purposes. I understand that I or my authorized representative will receive a copy of this authorization upon request. This authorization or a photostatic copy of the original shall be valid for the duration of the claim.

Signature (Parent or Guardian if claimant is a minor)

Date

Phone No.

Sign Here →

PAYMENT AUTHORIZATION: I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

Signature (Parent or Guardian if claimant is a minor)

Date

Sign Here →



Student Waiver Form

ASSUMPTION OF RISK, WAIVER AND GENERAL RELEASE OF ALL CLAIMS

University of Kentucky Facilities

READ CAREFULLY BEFORE SIGNING AT THE BOTTOM.

I the undersigned being over eighteen (18) years old, desire to participate in activities associated with educational program(s) “AES 320 Agricultural Ecosystem Sciences Field Experience” offered by the University of Kentucky or other educational institutions at the University of Kentucky. University of Kentucky or other educational institutions at the University of Kentucky. As a condition of my participation, and in consideration of participating in this Program, I, for myself, my heirs, successors or assigns, hereby **assume any and all risks** attendant to participation in the Program, including claims resulting from uses in any way resulting from or associated with the activities included in the Program. I understand that I am responsible for my own safety, health and welfare during this activity. I acknowledge and agree that the activities are required to complete the Program. However, I will be provided with alternative activities if I do not feel comfortable or safe participating in any of the normally scheduled activities. There will be no penalties associated if I do not feel that is appropriate for me to participate in a particular activity, and that I agree I will consider my own abilities, health and welfare and agree that I will refrain from participating in any activity for which I do not feel competent, comfortable or safe.

I understand that this activity is a standard activity or practice associated with agronomy, crop production and associated fields of study and is or can be hazardous, and includes or may include numerous physical hazards. The known and common risks for this activity includes risks that are very severe, such as but not limited: physical exertion associated with hot, cold, and wet environments; physical exertion associated with traversing and activity in steep and slippery terrain; stings, bites, and irritations from insects, plants, and animals; the use of insect repellent; injury from falling objects; severe injuries from use of or activity around powered farm equipment; irritation and injury from dust or other airborne particulates; irritations or injury from the use of agriculturally related chemicals and their application; as well as slip and falls and sprains, cuts, breaks, and other similar injuries that might result from use of participating facilities or participation in this program or course as well as ingress and egress thereto.

I, for myself, my heirs, successors or assigns, hereby **waive** any and all claims that may result from participation in this activity and use of the University of Kentucky Facility, and hereby **release and hold harmless** the University of Kentucky, its Board of Trustees, agents, servants, and employees specifically including but not limited to the employees and agents associated with the Facility or this activity, from any and all claims, demands, causes of action or damages which may accrue on account of bodily or personal injury, property damage, or death arising from the use of the Facility or this activity.

I understand that this is a GENERAL ASSUMPTION OF RISK, WAIVER, AND GENERAL RELEASE OF ANY AND ALL CLAIMS OR CAUSES OF ACTION that I may have or might accrue as a result of the use of the Facility or this activity.

The invalidity of any portion of this Agreement shall not affect the enforceability of the remaining portions.

READ CAREFULLY, THIS IS A PERMANENT RELEASE OF ALL CLAIMS OF ANY TYPE OR NATURE IN ANY WAY ASSOCIATED WITH USE OF THE FACILITY.

Sign Here ➡

Signature

Date

Print Name

Date



Authorization of Use

General Use

Specific Project: UK Department of Plant and Soil Sciences Agricultural Ecosystem Sciences Summer Field Exp.

I, (print full name) (*) hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the UK Alumni Association, UK Athletics Association and UK Research Foundation, to interview, photograph and/or videotape me, or my minor child, and/or to supervise any others who may do the interview, photography and/or videotaping and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

- University Educational Publications/Videos
University Electronics Publishing (e.g. World Wide Web)
Any University Social Media Initiatives
University Promotion/Advertising
Local/regional/national news media (w/permission of the University of Kentucky)

Sign Here

Signature: Date:

Witness: Date:

Name and mailing address (please print)

Name:

Address:

E-mail:

Phone:

*If the individual to be interviewed, photographed and/or videotaped is under the age of 18, please indicate your relationship or authority to consent:

Signature of Parent or Guardian: Date: