Assumption of Risk Acknowledgement

I acknowledge that I have been informed that there are no medical services, emergency or otherwise at the College of Environmental Science and Forestry’s Cranberry Lake Biological Station (CLBS) facility, and that transportation to a hospital is likely to take at least 45 minutes. I realize that in the event of illness or injury, medical treatment or injury, this situation could compromise my recovery or prolong any suffering I may experience at the time. I understand that it is my responsibility to bring to CLBS any medical equipment and medications I may need during my time there, including (but not limited to) Epinephrine Auto-Injectors (EpiPens), rescue inhalers, and diabetes medications.

I further acknowledge that the COVID-19 pandemic, and risk of exposure to the SARS-CoV-2 virus casts additional risk to my participation in summer programs at CLBS, the Ranger School, and the Adirondack Ecological Center. Successful completion of all individuals for each academic session requires the cooperation, self-discipline and honesty of all participants. I acknowledge that the risk of transmitting infection among peers can be mitigated by quarantine prior to arrival at one of the remote stations, participation in testing once on-site, and strict adherence to social distancing, masking, and disinfection protocols. Still, I acknowledge that a risk exists that I may be exposed and test positive for the coronavirus or have contact with another person who tests positive, and that in these cases I must self-isolate/quarantine. Given the field-based nature of these courses I acknowledge that I may not be able to complete the course remotely, in which case I will be eligible to be reimbursed a pro-rated portion of tuition and fees, and earn an appropriate proportion of total course credits.

By signing this form, I have given due consideration to these circumstances, the activities in which I will be engaged, and my overall health, and I have been provided with an opportunity to have any questions I may have, answered to my satisfaction. I do hereby voluntarily assume the risks inherent and accept full responsibility for this decision.

To be signed and witnessed upon move-in

Name (Print)_______________________________________________
Signature ___________________________________________ Date______________
Witness Signature_____________________________________ Date______________
(Witness must be faculty or work study)