

Academic Field Trip Participant List

TRIP INFORMATION	
Department:	
Field Trip Description:	
Field Trip Destination:	
Start Date: Start Time:	
End Date: End Time:	
Faculty/Staff Contact: Cellphone:	

	Participant Name	Emergency Contact	Telephone	Waiver Obtained
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Risk Management/EHOS

	Participant Name	Emergency Contact	Telephone	Waiver Obtained
13				
14				
15				
16				
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19				
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24				
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