University of Nevada, Reno GEOL 451 Summer Field Geology
Safety Policy and Medical Release Checklist

You must complete each of these steps before departure for summer field camp.

- Carefully read the Field Safety Policy Release.
- Sign the Field Safety Policy Release indicating that you agree to abide by the terms of the policy.
- Fill out the Pre-Field Course Safety Questionnaire. This will be kept in a sealed envelope to protect your privacy and used only in an emergency.
- Fill out the Confidential Emergency Information Form. This will be kept in a sealed envelope to protect your privacy and used only in an emergency.
- Provide a photocopy of your up-to-date insurance card or other proof of current insurance.

Please hand in these materials during the first day of the field course. If you have questions contact Dr. Zuza (azuza@unr.edu) or the Department of Geological Sciences and Engineering front office at 775-784-6050.
Field Safety Policy Release

General student conduct guidelines during the course while in the field in eastern Nevada and California:

- Treat all members of the field camp with courtesy and respect, while also respecting the privacy of others.
- Report unsafe driving conditions or practices to the lead instructor immediately.
- No smoking in the field (fire hazard) and only doing so 50 feet from buildings, common areas, and tents while camping.
- Illegal drugs are prohibited.
- Alcohol use must be responsible, and must not be consumed by anyone under the age of 21.
- Personal firearms are prohibited in the field, university vehicles, and the entire course in general.
- Absolutely no rock rolling in the field.
- Be cautious of snakes and absolutely do not harm them, we are in their habitat.
- Pack in/pack out trash.
- Be aware of the time of the day and the distance to pick up points.
- Be sure to close any gate that you pass through.
- Be careful crossing fences.
- Assignment deadlines are set for each project, any work turned in after the deadline will not be graded.

I, ____________________________, have read the above safety policy for GEOL 451 Summer Field Geology and agree to all conditions, instructions, and terms. I understand that failure to comply can result in immediate expulsion from GEOL 451 Summer Field Geology. I also state that I have health insurance covering the dates of May 22nd, 2019 to June 23rd, 2019 to cover injuries and medical needs while attending GEOL 451 Summer Field Geology offered through the Department of Geological Sciences and Engineering at the University of Nevada, Reno. I further acknowledge that geological fieldwork is inherently dangerous and I accept this risk and take full responsibility for my proper conduct in the field.

__________________________________________  ____________________________
(Print Name)                                      (Sign Name)

__________________________________________
(Student Number)
Pre-Field Course Safety Questionnaire for GEOL 451
(To be filled out by Field Seminar Participant)

Please complete the following and return to the Field Camp Director prior to the start of
the course. (Non-UNR students, please leave a sealed copy with your supervisor and/or
administrative assistant at your home university):

Course Title: ____________________________________________

Date: __________________

Name: __________________________________________________

Have you received details concerning appropriate field gear (checklist)? Yes/No

Have you received and read the Rules and Procedures Guide? Yes/No

Is the Rules and Procedures Guide clearly understood? Yes/No
If no, please provide details:

Are there any medical conditions for which you are receiving treatment that the Summer
Field Camp staff should be aware of? (e.g., heart condition, asthma, diabetes, allergies,
etc.)

Please provide any allergies to medications. (e.g., penicillin)

Are there any conditions that will make it difficult for you to undertake any aspect of the
physical demands of geological field work? (e.g., past injuries, phobias, sun exposure,
etc.)

Please provide two current emergency contacts: (contact name, address, and phone
number(s)):
Names: ___________________________ ___________________________

Address: ___________________________ ___________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Phone Number(s): ___________________________ ___________________________
Confidential Emergency Information Form

To be used only in case of an emergency

To be turned in during pre-field course seminar: Fill out, seal in an envelope and provide one copy to the Field Camp Director. Sealed forms will be returned at the conclusion of the Summer Field Camp.

Full Name: ______________________________________________________

University Affiliation: ____________________________________________

Date of Birth: ____________________________________________________

Country of Birth: _________________________________________________

Home Address: ____________________________________________________

Home Telephone/Mobile: ___________________________________________

Nationality: _______________________________________________________

Passport number (if not US citizen): _________________________________

Strictly confidential- Please list any medical conditions or concerns not previously disclosed on the Pre-Field Course Safety Questionnaire:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Known allergies/ medical conditions/ any other information:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Current medications:

_________________________________________________________________

_________________________________________________________________