VOLUNTEER DISCLAIMER AND WAIVER OF CLAIMS FORM

In order to participate as a volunteer at the Tate Geological Museum, this release statement must be completed and returned to Tate Geological Museum staff member prior to participating.

I, ____________________________________________ for and in consideration of being permitted to participate as a volunteer in the Tate Geological Museum do hereby fully release Casper College and its Board of Directors, the Tate Geological Museum, all administrators, instructors, and personnel attached thereto, and their successors, heirs and assigns from all claims for damages or injuries of every kind and description, including, but not limited to, my personal injury and DEATH, while participating as a volunteer, both as to any right of action which may occur to myself, my heirs and or my personal representatives. I stipulate and agree while participating as a volunteer to be bound by all orders, rules, regulations, and directions of Casper College and the person or persons charged with supervising my participation as a volunteer. I understand that in all such activities, one or more Tate Geological Museum or Casper College staff members will be available at all times.

In witness whereof, I have here unto set my signature this _____ day of _______________, 20___.

Signature of volunteer:_______________________________________________________________

Signature of Parent or Guardian (if under age 18):____________________________________________________

Witness (not a family member) ____________________________________________________________________

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Please list any aspects of your medical history of which we should be aware, including rare blood type, respiratory or heart problems, physical impairments or limitations, asthma, allergies, epilepsy, diabetes or other chronic conditions.

________________________________________

________________________________________

* * * * * * * * * * * * * * * * * * * * *

EMERGENCY Contact:_________________________________________Relationship_______________________________

Primary Phone:_________________________________________Secondary Phone:___________________________________

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FIELD TRIP: Volunteers must be capable of fairly strenuous physical activity to reach the excavation sites. Wyoming weather can be changeable! T-shirt and jeans are the norm, with boots or tough walking shoes. WATER, A hat, sunglasses and sunscreen are advisable, but bring a sweater and lightweight rain gear too. Hammer and hand lenses are useful options.

RETURN THIS FORM TO A TATE GEOLOGICAL MUSEUM STAFF MEMBER, CASPER COLLEGE, 125 COLLEGE DRIVE, CASPER, WY 82601 (307) 268-2447

Revised 5-13-15
Tate Geological Museum – Casper College

Application for Volunteer Service

Date:_______________________

Name:__________________________________________________________________________

Address:_________________________________________________________________________

Cell Phone:_________________________  Home Phone:_________________________________

E-mail:___________________________________________________________________________

Area of Interest:

☐ Tours          ☐ Newsletter     ☐ Exhibits        ☐ Collections     ☐ Gift Shop     ☐ Special Events

☐ Education      ☐ Field Work     ☐ Prep Lab        ☐ Casting/Molding ☐ Other________________________

NOTE: Training may be required by the Tate Geological Museum Staff or members of Casper College for certain areas.

Please list any relevant experience:___________________________________________________________________________________________

_________________________________________________________________________________________

Please indicate your availability:___________________________________________________________________________________________

_________________________________________________________________________________________

How did you hear about the Tate?

☐ Media          ☐ Brochure      ☐ Friends/Family  ☐ Other:____________________________

Other Comments:______________________________________________________________________________________________

COMPLETE DISCLAIMER ON REVERSE

Orig to Coordinator: Copy to:________________