

TATE GEOLOGICAL MUSEUM FIELD TRIP DISCLAIMER, PHOTO RELEASE AND WAIVER OF CLAIMS FORM

In order to participate on a field trip or dig as a participant at the Tate Geological Museum, this release statement must be completed and returned to Tate Geological Museum staff member prior to event.

Purpose of Travel or activity: _____

I, _____ (clearly print name or name of minor) for and in consideration of being permitted to participate on a Tate Geological Museum field trip, do hereby fully release Casper College and its Board of Directors, the Tate Geological Museum, all administrators, instructors, personnel attached thereto, and land owners, and their successors, heirs and assignees from all claims for damages or injuries of every kind and description, including, but not limited to, my personal injury and DEATH while participating, 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 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 participant. I understand that in all such activities, one or more Tate Geological Museum or Casper College staff members will be available at all times.

_____(Initial) I, the undersigned, in the event no other mechanism is in place designating some other individual to make healthcare treatment decisions for me, and/or emergent circumstances do not provide sufficient time for the mechanism to be implemented, do hereby authorize Casper College and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization. (Include medical history in the space provided below.)

_____(Initial) Casper College and the Tate Geological Museum periodically use electronic and traditional media (e.g., photographs, video, audio recordings, testimonials) for publicity, advertising, and educational purposes. By signing this form, I acknowledge I have read and understand this document and give permission to Casper College and its designees to use such reproductions, with any digital retouching or alteration, for educational, advertising, and publicity purposes in perpetuity without further consideration from me.

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

Signature of Participant: _____

Printed Name of Participant: _____

Cell Phone Number of Participant: _____

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

Printed Name and Signature of Witness (not a family member) _____

Emergency Contact

Name & Number _____

(Your emergency contact person CAN NOT be on the trip with you.)

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 or a DNR order. This information will be kept confidential and will only be shared with trip leaders and emergency personnel. Please include your Physician's name and number if you have existing medical conditions that might affect emergency treatment.