



# 28th Annual Tate Conference

# JURASSIC: DEATH, DIVERSITY, AND DINOSAURS

Casper College

Tate Geological Museum at Casper College

June 7-9, 2024

## REGISTRATION FORM

Please check the applicable boxes and fill in the costs. Note that the registration deadline is **Friday, May 17, 2024**, and payment must be made at the time of registration. Conference participants will be given priority for field trips.

- Saturday conference only — *Includes Saturday lunch and dinner*  
*Please check if you plan to attend:*  *Dinner event*
- Additional Saturday evening dinner ticket — \$50 per person, x \_\_\_\_
- Friday field trip *to Alcova*
- Sunday field trip *to Como Bluff*
- BUNDLE** — Conference and both field trips
- Tate membership — *Single \$25, Family \$45, please indicate*
- Donate to the Tate Geological Museum
- Donate to the Fujita Family Stipend  
*Help a Casper College student attend the conference*

|             |                      |
|-------------|----------------------|
| \$150       | <input type="text"/> |
| + _____     | <input type="text"/> |
| + \$45      | <input type="text"/> |
| + \$50      | <input type="text"/> |
| + \$225     | <input type="text"/> |
| + \$25/\$45 | <input type="text"/> |
| + Donate    | <input type="text"/> |
| + Donate    | <input type="text"/> |
| <hr/>       |                      |
| Total       | <input type="text"/> |

***These field trips are rated challenging: climbing and walking required, uneven surfaces, primitive trails with elevation changes, and no wheelchair access or toilets. Contact us if you wish to drive your own vehicle.***

## PLEASE COMPLETE THE FOLLOWING

Print name for badge: \_\_\_\_\_  
*Last First Middle*

Institution for name badge: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_  
*P.O. box or street number*

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email address: \_\_\_\_\_

In case of emergency please notify: \_\_\_\_\_  
*Someone not participating in the conference Phone*

Please specify any dietary requirements: \_\_\_\_\_  
\_\_\_\_\_

Please mail this registration form and payment to: Tate Conference, Tate Geological Museum at Casper College, 125 College Drive, Casper, WY 82601-4609.  
Please make checks payable to: "Tate Geological Museum," and in the memo section of check please write "Tate 2024 Conference."



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

In order to participate on a field trip as a participant at the Tate Geological Museum, this release statement must be completed and returned to a Tate Geological Museum staff member prior to participating in the 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. Please include medical history in the space provided below.

\_\_\_\_\_ (*Initial*) Casper College and the Tate Geological Museum periodically use electronic and traditional media, including photographs, video, audio recordings, and 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.

Printed name of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of participant: \_\_\_\_\_

Cellphone number of participant: \_\_\_\_\_

Signature of parent or guardian, *if under age 18*: \_\_\_\_\_

## EMERGENCY CONTACT

Name and number: \_\_\_\_\_

*Your emergency contact person CANNOT be on the trip with you.*

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

\_\_\_\_\_  
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