

Southwestern Adventist University and Earth History Research Center

Liability Release

Participant Name (print): _____

In consideration of the opportunity to participate in the paleontological research project (the "**Project**") organized by the Southwestern Adventist University ("**SWAU**") and the Earth History Research Center ("**EHRC**"), I hereby release and agree to hold SWAU, EHRC, and their respective directors, officers, employees, project leaders, instructors and agents of any kind harmless from all claims, damages, losses, liens, demands and causes of action arising out of, or relating in any way to, my participation in the Project, including all activities I engage in at any Project site and my transportation to and from any Project site or other destination designated on the schedule of Project activities.

I am aware that the Project involves risk associated with the excavation of fossils and with my stay at the Project campsite, which is located on open ranchland that is subject, at times, to extreme weather and to the presence of wildlife (including insects, rattlesnakes and other varmints). I acknowledge that I have assumed all risks, foreseen and unforeseen, related to my participation in the Project.

SWAU and EHRC reserve the right, without penalty, to withdraw, terminate or cancel any announced Project activity or activities, or to make necessary changes to any of the Project activities. I agree that in the event of a withdrawal, termination or cancellation of the Project or any of the scheduled activities, SWAU and EHRC's liability shall be limited to a refund of the funds I have paid for Project participation, less any prorated charges according to the fees schedule.

SWAU and EHRC reserve the right to cancel any Project activity or activities while in progress on an individual or group basis, when in SWAU's and/or EHRC's Project leaders' sole opinion, the health, safety or wellbeing of participants requires such action. Throughout the duration of the Project, SWAU's and EHRC's project leaders have the authority to administer or to obtain any and all medical attention necessary to be administered to me because of an accident, injury, sickness or medical condition. I agree to assume full financial responsibility for any such medical attention administered to me.

I understand that all fossils, artifacts and other items that I may discover, excavate or obtain while at the Project site are the property of the Hanson Research Station. I hereby forever disclaim and waive any claim of ownership or any other property interest in any such fossils, artifacts or other items.

I hereby irrevocably grant SWAU and EHRC the right to use my name and any recording of my image or voice made during the Project at no charge for educational purposes and/or to promote or publicize the Project or the scientific research that is the subject of the Project. This right of use extends to any medium, including the Internet, printed materials, and multimedia productions. All copyrights in said recordings will be owned only by SWAU and EHRC.

I hereby attest that I have read and agree to the provisions of the above statements.

SIGNATURE _____ date _____

If a minor, parent or guardian signature _____ date _____