

**Hanson Research Station Site Liability and Responsibility Statement
Participant Record (Confidential Information)**

Participant Name _____

Mailing Address: Street _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Home Phone (____) _____

Birth Date (M/D/Y) _____ Age _____ Work Phone (____) _____

Spouse or closest next of kin _____ Phone (____) _____

Health Insurance carrier _____

Activity at the Hanson Research Station Liability and Assumption of Risk

Please read carefully before initialing and signing.

(Initials)

____ I, (Participant Name, above), hereby affirm that I have been advised and informed of the hazards of touring the **Hanson Research Station** site and participating in the excavating of fossils, doing various scientific studies, preparing fossils, and camping outdoors.

____ I understand and agree that neither the landowners (Mr. & Mrs. Glenn E. Hanson and Mr. & Mrs. Vern Johnson), my guide(s)/instructor(s), (Drs. A. Chadwick, L. Spencer, and L. Turner), the organization sponsoring programs(s) and activities offered, (Southwestern Adventist University and Earth History Research Center), nor **Hanson Research Station**, nor any of their respective employees, officers, agents, or assigns (hereinafter referred to as "Released Parties"), may be held liable or responsible in any way for injury, death or personal property damages to me or my family, heirs, or assigns that may occur as a result in my participation in these activities or as a result of the negligence of any party, including the Released Parties, whether passive or active.

____ In consideration of being allowed to participate on the activities on the **Hanson Research Station**, I hereby save and hold harmless the land owners, **Hanson Research Station** and Southwestern Adventist University and Earth History Research Center and I personally assume all risks connected therewith, whether foreseen or unforeseen.

____ I also understand that, while on the **Hanson Research Station**, any foot travel may be hazardous due to unimproved foot trails and rough terrain, wild animals (rattlesnakes, varmints etc.), domestic cattle, and physically strenuous activities and that I will be exerting myself during these program(s) or other activities, and that if I am injured as a result of a heart attack, panic, sunstroke, hyperventilation, broken or cracked bones, etc., that I assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

____ I understand that past or present medical conditions may be contradictive to my participation on the program; I affirm that I do not have a history of seizures, dizziness or fainting; or a history of heart condition (e.g. cardiovascular disease, angina, heart attack). I further affirm that I don not have a history of respiratory problems such as asthma, emphysema, or tuberculosis. I affirm that I am not currently taking medication that carries a warning about any impairment of my physical or mental abilities. The nearest medical facility is approximately 40 miles away.

____ I further state that I am a lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital and that I have signed this document on my own free act.

____ I further state that I have in force my own personal medical insurance or am covered through my parents' family plan.

IT IS THE INTENTION OF (Participant Name) BY THIS INSTRUMENT TO EXEMPT AND RELEASE THE LANDOWNERS, Mr. & Mrs. Glenn E. Hanson and Mr. & Mrs. Vern Johnson, MY GUIDE(S)/INSTRUCTOR(S) Drs. Chadwick, Spencer, and Turner, THE SPONSORING ORGANIZATION, Southwestern Adventist University and Earth History Research Center, AND THE **HANSON RESEARCH STATION**, AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS IF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Signature of Participant _____ Date (M/D/Y) _____

Signature of Parent/Guardian _____ Date (M/D/Y) _____