Voluntary Geological Field Trip: Extra Credit Field Trip

ASSUMPTION OF RISK AND RELEASE

In consideration of my being allowed to participate in the Department of Geological Sciences Field Trip described above, including any associated activities, travel, transportation (collectively the "Field Trip"), I, the undersigned, assume the risk of and hereby release and forever discharge the Arizona Board of Regents and Arizona State University, their officers, regents, agents and employees, and further covenant not to sue said State Board, University, their officers, regents, agents and employees, for any injury to me or damage to my property which I may sustain as a result of my participation in the Field Trip activities and which results from causes beyond the control of, or without the fault or negligence of, the State of Arizona, the Arizona Board of Regents, Arizona State University, or their officers, regents, agents and employees. If I am under the age of 18 years, I certify that I have obtained the signature of my parent or guardian allowing me to participate in the Field Trip and that my parent or guardian has full knowledge thereof.

I am fully aware of the risks and dangers involved in my participation in the Field Trip. I am aware that unanticipated and unexpected events may occur that may result in injury to me. I hereby assume all risks of injury or damage that may be sustained by me in connection with the Field Trip. I understand that it is my responsibility to obtain all necessary permission or medical approval to participate in all activities associated with the Field Trip or to verify that such permission has been obtained on my behalf.

I certify that I have no preexisting health condition or injury, including without limitation any back, neck or soft tissue injury or condition that could result in re-injury or injury to me in my participation in the Field Trip.

______________________________
PRINT NAME

______________________________   ______________________________
Signature, Field Trip Participant   Date

______________________________   ______________________________
Signature, Parent or Guardian (if needed)   Date