Hanson Research Station Site Liability and Responsibility Statement

Partic	cipant Name (print):			
Addre	ess: street			
	city	state/province_	Zip/Postal Code	
	country		Home Phone: ()	
Date	of Birth (mm/dd/yy):/_	/ Age:	Work Phone: ()	
Spous	se or closest next of kin:		Phone: ()	
Healtl	h Insurance carrier:			
Please	read carefully before initiali	ng each and signing below.		
		e and participating in the excav	n advised and informed of the hazards of touring ating of fossils, doing various scientific studies, p	
	I understand and agree that neither the landowners (Mr. & Mrs. Vern Johnson), the directors of the project (Drs. A. Chadwick and L. Turner), the sponsoring organizations (Southwestern Adventist University ("SWAU") and Earth History Research Center ("EHRC")), nor HRS, 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.			
			ies on the HRS , I hereby save and hold harmless all risks connected therewith, whether foreseen of	
	wild animals (rattlesnakes, va myself during these program(rmints etc.), domestic cattle, and s) or other activities, and that if acked bones, etc., that I assum	y be hazardous due to unimproved foot trails and physically strenuous activities and that I will be I am injured as a result of a heart attack, panic, the the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and that I will not hold to the risk of said injuries and the risk of said injuries	be exerting sunstroke,
	do not have a history of seizu heart attack). I further affirm t tuberculosis. I affirm that I am	res, dizziness or fainting; or a h hat I do not have a history of re	contradictive to my participation on the program nistory of heart condition (e.g. cardiovascular disspiratory problems such as asthma, emphysems that carries a warning about any impairment of mately 40 miles away.	ease, angina, a, or
		dian. I understand that the term	sign this liability release, or that I have acquired is herein are contractual and not a mere recital a	
	I further state that I have in fo	rce my own personal medical i	nsurance or am covered through my parents' far	nily plan.
LAND SPON HANS RESP HOWE WHET	OWNERS, Mr. & Mrs. Vern ISORING ORGANIZATION ON RESEARCH STATION ONSIBILITY WHATSOEVE EVER CAUSED, INCLUDIN THER PASSIVE OR ACTIV	Johnson, THE DIRECTOR S, Southwestern Adventist I, AND ALL RELATED ENT ER FOR PERSONAL INJUR IG BUT NOT LIMITED TO T E.	TRUMENT TO EXEMPT AND RELEASE TO SOF THE PROJECT, Drs. Chadwick and University and Earth History Research CenTITIES AS DEFINED ABOVE, FROM ALL LIY, PROPERTY DAMAGE OR WRONGFURTHE NEGLEGENCE OF THE RELEASED IN THE RELEASE AND ASSUME	Turner, THE ter, AND THE IABILITY OR L DEATH, PARTIES,
RISK I	BY READING IT BEFORE	I SIGNED IT ON BEHALF (F THIS LIABILITY RELEASE AND ASSUN OF MYSELF AND MY HEIRS.	
SIGN	ATURE		Date	
If a m	inor, signature of Parent	/Guardian	Date	