

**Colorado Archaeological Society – Grand Junction Chapter (CAS-GJ)
Release, Waiver and Indemnity Agreement (“Agreement”)**

Date _____

I, _____, **voluntarily and with full knowledge** of the risks involved, participate in group transportation, field trips and related activities (the “Activities”) planned &/or sponsored by CAS-GJ. I understand and accept responsibility for my participation in Activities. I understand these activities may pose risks to me including but not limited to the risk of serious physical injury, death and/or emotional distress (“Risks of Personal Injury”). I understand I may suffer loss or damage to my personal property (“Risk to Personal Property”). I assume full responsibility for all Risks of Personal Injury and Risks to my Property.

Certifications

I certify one of the following (**initial one**):

___ To the best of my knowledge and belief, I am in good health and can safely participate in all Activities, **or**
___ I agree that I am solely and fully responsible for complying with any limitations or restrictions placed on me by my doctor.

Authorization for Emergency Treatment

In case of illness or accident, I give permission for volunteer &/or professional emergency treatment to be administered to me. I agree I shall assume full responsibility for payment for transportation, medical care or other related costs.

Waiver, Release, and Indemnification

I, for myself, any spouse and family, heirs, executors, and administrators, release and discharge CAS-GJ and the state CAS organization, all member Chapters of CAS, and all present or past officers, directors, employees, agents, contractors, students, and volunteers, acting officially or otherwise, (the “Released Parties”) from any and all claims, demands, actions, causes of action which in any way arise from my participation

I agree to indemnify, save and hold harmless the Released Parties from any and all loss, liability, damage, attorneys’ fees, or costs that may be incurred by me or any other person that arise in any way from my participation in the Activities.

I acknowledge that no oral representations, statements, or inducements apart from this Agreement have been made and that I do not rely on any representations or statements other than those stated in this Agreement.

To the extent that I continue participation in CAS sponsored Activities beyond the date when I sign this Agreement, this Agreement continues in full force and effect. A scan or photocopy copy of this Agreement is as effective as an original. My signature on a separate signature page is equally valid.

I have read and have had a full opportunity to ask questions about this Agreement before signing it. I voluntarily, knowingly and without duress sign this Agreement (or a separate signature page).

Print Name _____ Signature _____ Date _____
Address _____
Phone: _____ E-Mail Address _____

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Printed Name and Signature of Parent or Guardian (*if Participant is under the age of 18*)

Printed Name _____ Signature _____ Date _____

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Contact in case of emergency (Name, relationship and phone number): _____