

Waiver Form

University of Minnesota Duluth
PRECAMBRIAN FIELD CAMP
GEOL 4500 (Sec.002)
Summer 2009

Statement of Responsibility, Release, and Authorization to Participate

Whereas, I desire to participate in field trips and field projects sponsored by the University of Minnesota Duluth's Precambrian Field Camp, and the University has approved my participation in said activities during the period of July 5, 2009, to August 15, 2009, I hereby agree to the following:

1. I assume full legal and financial responsibility for my participation in the program;
2. I grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in field camp activities including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency;
3. I have acquired health insurance applicable inside the United States which is required for my participation in the camp. I understand that the University encourages me to also consider accident and medical evacuation insurance for the duration of the camp;
4. I shall conform to all applicable policies, rules, regulations and standards of conduct as established by the University of Minnesota Duluth to ensure my best interest, comfort and welfare during the camp;
5. I shall accept termination of my participation in the trip by the University with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the University;
6. I accept that the University reserves the right to make changes to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes;
7. I voluntarily indemnify and hold harmless the University and the Board of Regents of the University of Minnesota System, the Minnesota State Colleges and University System, or their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) arising out of my participation in UMD's Precambrian field camp which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University of Minnesota or Minnesota State Colleges and University systems while acting within the scope of their employment or agency; and
8. I acknowledge that I have read this document and understand and accept its terms.

Participant's Signature

Date

Signature of Parent/Guardian (if Participant is less than 18 years of age) and Date

Print Participant's full name