

Waiver

UNIVERSITY OF WYOMING – NATIONAL PARK SERVICE FIELD STATION AT THE AMK RANCH

Annual Release, Assumption of Risk & Agreement to Hold Harmless

I am aware that the UW-NPS Field Station at the AMK Ranch (hereafter referred to as "Field Station") is a wilderness facility and as such being present and participating in activities at the Field Station is potentially dangerous and may involve a risk of exposure to weather, a variety of vegetation and all types of wildlife both indoors and outdoors and A RISK OF INJURY ranging from minor injuries such as scrapes and bruises to serious injuries such as exposure to disease and up to and including paralysis or even death. I am aware that such an injury can limit my future life activities, including future earning capacity. I am aware of my medical and physical conditions and have determined that I am appropriately fit to participate in all activities associated with the Field Station. Because of the potential dangers and risks, I recognize the importance of following instructions provided and I agree to follow all directions or applicable rules of the Field Station, the University of Wyoming, and the National Park Service.

I understand that the Field Station recommends or requires the use of various equipment for some station activities including life jackets for boating. The Field Station will make such equipment available to me when at the Field Station facilities and I have the option to use the Field Station equipment or my own equipment as well as the option to reject the use of any safety equipment that is recommended but not required. I hereby acknowledge that this is my choice, I make it voluntarily and this release applies to the result of any such decision on my part.

I hereby grant permission for the University to give or authorize emergency medical treatment, if necessary, and such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury, damage, or financial obligation, which might arise out of or in connection with such authorized emergency medical treatment.

In consideration of the Field Station providing me the opportunity to participate in activities at the UW-NPS Field Station or any other activities anywhere at any time, I hereby assume all the risks associated with my participation, including use of University facilities and equipment and any and all other activities incidental to my participation, regardless of cause or how they occur. I agree to hold the Field Station, University of Wyoming, the National Park Service, its trustees, officers, employees, agents, representatives, instructors, and volunteers and the State of Wyoming harmless from any and all liability, actions, causes of action, debts, attorney fees, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation. The terms hereof shall serve as a release and assumption of risk for myself, my heirs, estate, executor, administrator, assignees and for all members of my family.

I have read the above statement and fully understand the contents, consequences and implications of signing/agreeing to this document. I further understand that this release and assumption of risks remains valid for all of my participation in the stated activities until I take affirmative action to rescind this waiver.

TO BE SIGNED BY ALL MEMBERS IN THE GROUP. SIGN ON ONE COPY - DO NOT TURN IN MULTIPLE WAIVERS FOR ONE GROUP!

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

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Signature _____ Printed Name _____ Date _____

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Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

IF ANY OF THE INDIVIDUALS ABOVE IS UNDER 18 YEARS OF AGE:

I, being the parent or legal guardian of the above participant, _____, who is under the age of 18, have read the above statement and fully understand the contents, consequences and implications of signing this document.

Signature _____ Printed Name _____ Date _____