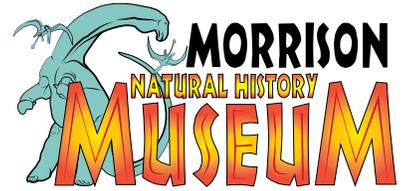


Morrison Natural History Museum

501 CO-8 / PO Box 564

Morrison, CO 80465



Paleontology Field Program - Registration

(one per party)

Dig Name: _____ Date: _____

Name: _____ Party Of: _____

Mailing Address: _____ City, State & Zip Code: _____

Email Address: _____ Phone: _____ Cell: _____

Museum Member? Yes ___ No ___ Membership Info? Yes ___ No ___ Hear About Us? _____

Cost of Dig: _____ Payment: _____ Payment Date: _____ **Balance Due:** _____

CHOOSE YOUR DIG

Name: _____ Date: _____ Price _____

Total _____

Two Day Digs - \$400 per person

- Intermediate - July 11th & 12th
- Advanced - July 18th & 19th
- Intermediate - August 8th & 9th
- Novice - August 15th & 16th

Three Day Digs - \$600 per person

- Novice - June 27th to 29th
- Novice - July 25th to 27th
- Novice - August 22nd to 24th

Five Day Digs - \$1000 per person

- Advanced - July 13th to 17th
- Advanced - August 10th to 14th



RELEASE/INDEMNIFICATION OF THE TOWN OF MORRISON DBA MORRISON NATURAL HISTORY MUSEUM'S PALEONTOLOGY FIELD PROGRAM

I. RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT: PARTICIPANT MUST READ CAREFULLY BEFORE SIGNING

In consideration for being permitted to participate with the Town of Morrison's Morrison Natural History Museum, I hereby acknowledge, represent, and agree as follows:

A. I understand that the above-described activities are or may be dangerous and do or may involve risks of injury, loss, or damage. I further acknowledge that such risks may include but not be limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage. I acknowledge that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected with the Morrison Natural History Museum's Paleontology Field Program, including but not limited to the following risks: dehydration, exposure to heat, dust and pollen, exposure to chemicals used to preserve fossils, encounters with wildlife and large domestic stock, weather related injuries, e.g. lightning strike.

_____ (Participant initials here)
_____(If Participant is under 18 years old, Parent/Legal Guardian initial here)

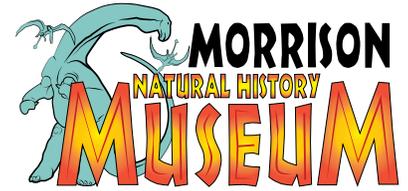
B. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I hereby expressly assume all such risks of injury, loss, or damage to me or to any third party arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the Town of Morrison / Morrison Natural History Museum, its officers, its employees, or by any other cause.

_____ (Participant initials here)
_____(If Participant is under 18 years old, Parent/Legal Guardian initial here)

C. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I further hereby waive, and exempt, release, and discharge the Town of Morrison / Morrison Natural History Museum, its officers, and its employees from, any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the Town of Morrison / Morrison Natural History Museum, its officers, its employees, or by any other cause.

_____ (Participant initials here)
_____(If Participant is under 18 years old, Parent/Legal Guardian initial here)

RELEASE/INDEMNIFICATION



D. I further agree to defend, indemnify and hold harmless the Town of Morrison / Morrison Natural History Museum, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, including any third party claim asserted against the Town of Morrison / Morrison Natural History Museum, its officers, employees, insurers, or self-insurance pool, on account of injury, loss, or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any way related to the above-described activities, whether or not caused by my act, omission, negligence, or other fault, or by the act, omission, negligence, or other fault of the of Town of Morrison / Morrison Natural History Museum, its officers, its employees, or by any other cause.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent/Legal Guardian initial here)

E. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I hereby acknowledge and agree that said AGREEMENT extends to all acts, omissions, negligence, or other fault of the Town of Morrison / Morrison Natural History Museum, its officers, and/or its employees, and that said AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion hereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent/Legal Guardian initial here)

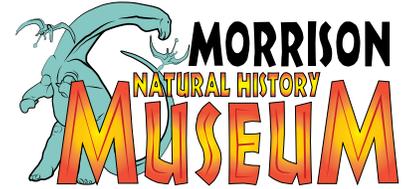
F. I understand and acknowledge that the Town of Morrison / Morrison Natural History Museum, its officers, and its employees are relying on, and do not waive or intend to waive by any provision of this RELEASE AND INDEMNIFICATION AGREEMENT, the monetary limitations (presently \$350,000 per person and \$990,000 per occurrence) or any other rights, immunities, and protections provided by the Colorado Governmental Immunity Act, C.R.S. §24-10-101 et seq., as amended, or otherwise available to the Town of Morrison / Morrison Natural History Museum, its officers, or its employees.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent/Legal Guardian initial here)

G. I understand and agree that this RELEASE AND INDEMNIFICATION AGREEMENT shall be governed by the laws of the State of Colorado, and that jurisdiction and venue for any suit or cause of action under this Agreement shall lie in the courts of the State of Colorado.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent/Legal Guardian initial here)

RELEASE/INDEMNIFICATION



H. This RELEASE AND INDEMNIFICATION AGREEMENT shall be effective as of the date set forth below and shall be binding upon me, my successors, representatives, heirs, executors, assigns, and transferees.

_____ (Participant initials here)

_____ (If Participant is under 18 years old, Parent/Legal Guardian initial here)

II. PARTICIPANT SIGNATURE AND DATE:

Participant - Print Name: _____

Participant's Signature: _____

Date of Signature: _____

III. IF PARTICIPANT IS UNDER 18 YEARS OLD, PARENT/LEGAL GUARDIAN SIGNATURE AND DATE:

By initialing above and signing below, I acknowledge that I am the parent/legal guardian of the above-named Participant as the term "parent" is defined in C.R.S. Section 13-22-107(2)(b), and I hereby waive and release any prospective claim of the Participant against the Town of Morrison / Morrison Natural History Museum, its officers, and its employees for negligence, to the extent provided in C.R.S. Section 13-22-107(3), in connection with the above-described activities.

Parent - Print Name: _____

Parent's Signature: _____

Date of Signature: _____

*PALEONTOLOGY FIELD PROGRAM
PARTICIPANT AGREEMENT*



***PALEONTOLOGY FIELD PROGRAM PARTICIPANT AGREEMENT
PARTICIPANT MUST READ CAREFULLY BEFORE SIGNING***

I. PARTICIPANT AGREEMENT

In order to assure the safety and security of the Participant and the other participants in the program,
_____ (henceforth known as the Participant) agrees to:

1. I understand that the Field Paleontology Program requires me to be of good health, and physically able to endure the various weather (full sun, sustained wind, thunderstorms) and temperatures conditions (heat and cold) of the Wyoming wilderness.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent/ Legal Guardian initial here)

2. I understand that the nature of fossil collection and excavation require me to be physically independent, with the ability to sit, kneel, crouch, and lay on the ground extended periods of time in outdoor conditions. The activity will also include standing and walking for extended periods of time in outdoor conditions. Participants should be able to lift and carry at least 30 lbs (13.61 kg).

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent/ Legal Guardian initial here)

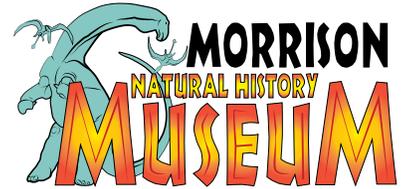
3. I understand that while a reasonable attempt to accommodate my needs, but I understand that the accommodation of certain needs may not be possible due to the nature of the activity.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent/ Legal Guardian initial here)

4. I will stay with the group at all times.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent/ Legal Guardian initial here)

*PALEONTOLOGY FIELD PROGRAM
PARTICIPANT AGREEMENT*



5. All paleontological and geological specimens are not personal souvenirs.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent/ Legal Guardian initial here)

6. Parents/Legal Guardians are responsible for the behavior of the minors in their charge.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent/ Legal Guardian initial here)

7. I understand that staying hydrated and cool is important to my safety.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent/ Legal Guardian initial here)

8. I promise to obey the leadership of the Field Paleontology Program.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent/ Legal Guardian initial here)

9. For the safety of the Participant and the group, officers representing the Town of Morrison / Morrison Natural History Museum reserve the right to remove participants from the Field Paleontology Program if the signed participant chooses to disregard any aspect of this agreement.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent/ Legal Guardian initial here)

10. I authorize the use of my image to be captured and potentially used for educational and/or promotional purposes for the Morrison Natural History Museum.

_____ (Participant initials here)
_____ (If Participant is under 18 years old, Parent/ Legal Guardian initial here)

II. PARTICIPANT SIGNATURE AND DATE

Adult Participant - Print Name: _____

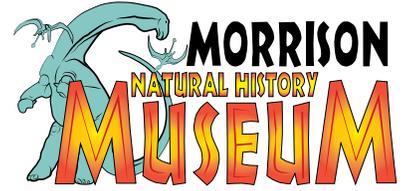
Adult Participant's Signature: _____ / Date: _____

Minor Participant - Print Name: _____

Minor Participant Parent/Legal Guardian's Signature: _____

Date of Signature: _____

*PALEONTOLOGY FIELD PROGRAM
PARTICIPANT AGREEMENT*



**III. IF PARTICIPANT IS UNDER 18 YEARS OLD,
PARENT SIGNATURE AND DATE:**

By initialing above and signing below, I acknowledge that I am the parent of the above-named Participant as the term “parent” is defined in C.R.S. Section 13-22-107(2)(b), and I hereby waive and release any prospective claim of the Participant against the Town of Morrison / Morrison Natural History Museum, its officers, and its employees for negligence, to the extent provided in C.R.S. Section 13-22-107(3), in connection with the above-described activities.

Parent - Print Name: _____

Parent's Signature: _____

Date of Signature: _____

MEDICAL/TRANSPORTATION RELEASE



IV. MEDICAL/TRANSPORTATION RELEASE:

Name (PRINT): _____ D.o.B.: _____

General health: _____

Detail special dietary needs: _____

Do you have any health conditions that might hinder your participation in this program, (e.g., knee problems)?

Emergency Contact: _____ Relationship: _____

Phone (Day): _____

(Evening): _____

Alternative Emergency Contact: _____

Relationship: _____

Phone (Day): _____

(Evening): _____

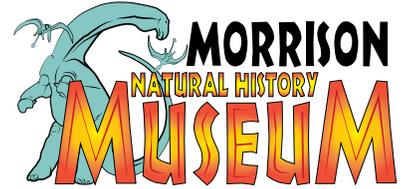
Physician: _____

Phone: _____

Preferred Hospital: _____

Healthcare Provider: _____

MEDICAL/TRANSPORTATION RELEASE



Please attach copy/photograph of current health insurance card to this document.

List any medications you are currently taking:

Where is the rescue medication located?

Please have all rescue medications with you at all times.

How is rescue medication or treatment to be administered? _____

LIST FOOD AND DRUG ALLERGIES: _____

ARE THERE ANY SPECIAL INSTRUCTIONS YOU WISH THE STAFF TO FOLLOW IN CASE OF A MEDICAL EMERGENCY?

TRANSPORTATION – If participants chose to drive themselves to the field sites, proof of driver’s license and insurance is requested.

1. AUTOMOBILE INSURANCE PROVIDER: _____

Please attach copy/photograph of current insurance card and driver’s license to this document