



**Dixie Archaeology Society (DAS)
RELEASE OF LIABILITY 2017**



Send to: Dixie Archaeology Society PO Box 611 Washington, UT 84780
Include your dues

Name(s): Last _____ First _____

Name(s): Last _____ First _____

Address: _____ Street _____ Apartment # _____

City _____ State _____ Zip Code _____

Phone: _____ email _____

I, the undersigned, participant(s) agree to abide by all rules and directions established by Dixie Archaeology Society (DAS), regarding all activities, tours, field trips, meetings etc. I do freely and voluntarily agree to release, save, hold harmless, and indemnify DAS from any and all claims of loss, injury or damage, suit action, demand, fine, judgment of decree and any expense thereof, including a reasonable attorney's fee, that may happen or occur to me as a result of or consequence of having attended and/or participated in any DAS meetings or activities. This release includes all representatives of said organization and/or sponsor(s), including the policy that only paid-up members who sign the Release of Liability form are allowed to participate in Field Trips and Activities. The undersigned named participant(s) agrees to bear the total cost of damages and fines resulting from his/her/their actions, thereby releasing Dixie Archaeology Society and its representatives from any liability whatsoever.

I understand that during my participation in the Dixie Archaeology Society outing, I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in each outing and cannot be eliminated without destroying the unique character of the outing. These inherent risks include, but are not limited to, the dangers of serious personal injury, property damage, and death (Injuries and Damages) from exposure to the hazards of travel: the Dixie Archaeology Society has not tried to contradict or minimize my understanding of these risks. I know that Injuries and Damages can occur by natural causes or activities of other persons, animals, trip members, trip leaders and assistants or third parties, either as a result of negligence because of other reasons. I understand those risks of such Injuries and Damages are involved in adventure travel such as Dixie Archaeology Society outings and I appreciate that I may have to exercise extra care for my own person and for others around me in the face of such hazards. I further understand that on this outing there may not be rescue or medical facilities or expertise necessary to deal with the Injuries and Damages to which I may be exposed.

I certify that I have read the Release of Liability and Assumption of Risk Agreement, fully understand its terms and sign it freely and voluntarily without any inducement. I freely and voluntarily assume all risk of such Injuries and Damage, notwithstanding such risks. I (we) certify that I am of legal age and competence to act in this manner. If any participant is a minor, the legal parent or guardian will certify that he/she is acting in behalf of each of them in this release.

Signed _____ Date _____

Signed _____ Date _____