

**Ancient and Future Brines Conference Field Trip
Waiver of Liability**

If you are participating in the field trip, print out this form, complete and sign it, and turn it in on the morning of the field trip.

Date of Event: May 19, 2023

Departure: 7:30 a.m.

Return: 5:00 p.m.

We will depart from the Silver Legacy Hotel at 7:30 a.m. for the field trip on Friday, May 19.

Field Trip Destination: Field trip to [Eagle Salt Works](#) and the [Huck Salt Mine](#)

Name of Conference: Ancient and Future Brines Conference

Emergency Contact:

Name: _____

Relationship: _____

Phone Number: _____

Itinerary/Description of Activity:

The one-day field trip to [Eagle Salt Works](#) and to the [Huck Salt Mine](#) is planned for May 19 to explore terrestrial examples of ancient brines deposits and to inspire discussions of the role of ancient brines in the origins life and habitable environments, the detection and characterization of ancient brines, and all associated technologies.

Participants should bring field gear, including a small backpack (day pack), personal first aid kit, a sun hat, sunscreen/chapstick, water, gloves (if desired), and appropriate shoes.

The trip is expected to last approximately 9.5 hours. No other conference activities are scheduled during the day of this field trip. The trip may be modified or canceled in the event of inclement weather.

I certify and affirm that I have been completely and thoroughly informed of the activities and conditions associated with the activity described above and in any documents incorporated by reference in this waiver. I recognize that this activity may involve physical demands and/or dangers:

I hereby certify and affirm that I am physically able to meet the demands of the activity. If I have any health conditions or allergies that should be noted, I have disclosed them here.

In case of emergency, if I should be unable to consent to emergency medical treatment for myself, and if any emergency contact identified above either cannot be reached in a timely manner or does not have a medical power of attorney to allow them to make health care decisions for me, then:

I hereby consent to examination or treatment by any emergency response personnel or any health professional duly licensed to provide health care service in the United States, and/or by any physician duly licensed to practice medicine in the United States, for medical care and services deemed necessary by such doctor or health care professional, any hospital and any of their agents, servants, and employees.

- (a) I give permission to the doctor or health care professional to provide any and all medical care they deem to be necessary in their professional opinion.
- (b) I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

In consideration for participation in this activity and for the opportunities for knowledge gained thereby, I assume all risk in connection with the said activities for any harm, injury, or damages that may befall me as a result of my participation therein, whether foreseen or unforeseen. **I hereby voluntarily release and agree to indemnify and hold harmless, Universities Space Research Association, its officers, employees, and representatives, in their individual and official capacities, from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action that are in any way connected with this activity or transportation to and from the location. The foregoing release and indemnification includes any loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the activity, WHETHER CAUSED BY THE NEGLIGENCE OR INTENTIONAL ACT OF USRA, ITS CLIENT, THEIR OFFICERS, EMPLOYEES, OR REPRESENTATIVES, or SUBCONTRACTORS, OR OTHERWISE.**

I further agree to indemnify and hold harmless Universities Space Research Association, its Client (if Sponsoring Entity is other than USRA), and each of their officers, employees, and representatives, and any of their subcontractors, including any transportation provider, in their individual and official capacities, from liability for the injury or death of any person(s) and damage to property that may result from participant's negligent or intentional act or omission while participating in the described activity.

I acknowledge that this waiver has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged, as any fees are simply to defray the costs of participation and transportation. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions remain in full force and effect.

Signature

Printed Name

Date

Email Address