CONFERENCE/WORKSHOP 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 20, 2015  Departure Time: 7:30 AM — Return: 5:00 PM

We will depart from the TownePlace Suites parking lot at 1455 South Capitol Boulevard, Boise, Idaho 83706-3012. This field trip is self-organized so we depend on volunteers to drive their vehicles. Coordination of vehicles, drivers, and passengers will be conducted on Tuesday, May 19, 2015, to reduce the size of the convoy and to ensure everyone has a ride.

Location: South of Mountain Home, Idaho, outside of Bruneau

Name of Workshop: Fourth International Planetary Dunes Workshop

Activity Sponsor: Universities Space Research Association, Lunar and Planetary Institute

Transportation: Self-organized using vehicles and drivers volunteering from the conference

Emergency Contact:
Name: 
Relationship: 
Phone Number: 

Itinerary/Description of Activity: The full-day mid-conference field trip will be led by Jim Zimbelman (Smithsonian Institution), and will focus on two stops, which will be described in materials to be provided in a separate field trip information pdf file.

During the field trip we will make a brief stop at a location east of Boise along the Boise River, where participants can get a close-up view of the Snake River Plains basalt flows. The majority of the field trip time will be spent in Bruneau Dunes State Park, which includes the largest free-standing (non-buttressed against topography) sand dunes in North America. Participants willing to do so can climb the 140-m-tall main dune located near the parking area; the upper portion of the climb is over sand near the angle of repose, so appropriate footwear is essential. Once at the crest of the main dune, participants can explore on their own either north or south along the crests of adjacent large dunes. There are no food facilities available either in or near the park, so participants will need to bring their own lunches.

Participants should bring field gear, including a small backpack (day pack), personal first aid kit, a sun hat, sunscreen/Chap-Stick, canteen or CamelBak bladder, bandanas (2), gloves (if desired), and shoes appropriate for hiking on sand.

The trip is expected to last approximately 9.5 hours, which includes approximately 4 hours of travel (roundtrip). Participants must provide their own snacks and meals.

No other conference activities are scheduled during the day of this field trip. The tour 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:

(a) I hereby consent to examination or treatment by any emergency response personnel or any health professional duly license 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.

(b) I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

(c) 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 OTHERWISE.

I further agree to indemnify and hold harmless Universities Space Research Association, its Client (if Sponsoring Entity is other than USRA), its or 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 be void or unenforceable, the remaining portions remain in full force and effect.

_________________________________________   ___________________________________
Signature Printed Name

_________________________________________
Date