



# Assumption of Risk, Release of Liability, & Indemnification Agreement

Student Name: \_\_\_\_\_

Class Name: \_\_\_\_\_ Date of Class: \_\_\_/\_\_\_/\_\_\_

1. I am aware that while participating in the class(s) identified above and related activities which are to be offered by the Grand Staircase Escalante Field Institute ("GSEFI") through its employees, agents and/or instructors, there are certain risks or dangers, whether known or unknown, which may be present due to various hazards. These hazards include, but are not limited to, narrow trails or rough terrain, high altitude, desert heat, wild animals or plants, illness or injury in areas remote from medical facilities, the forces of nature and acts of God, rough water, and travel by boat, automobile, bus, or other conveyance. My participation in GSEFI's class(s) or related activities is entirely voluntary. I am fully aware of the hazards described or referred to herein.

2. I understand that the risk of injury or death may be minimized if I abide by proper safety procedures. GSEFI's instructors will instruct participants on safety procedures at the start of and during each class or other related activities. The possibility of injury or death should be minimized if all participants are attentive to what is occurring around them and abide by the recommended safety procedures. While risk of injury or death may be minimized, it can never be eliminated.

3. In consideration of my right to participate in the class(s) identified above and related activities, I hereby release, waive, and discharge GSEFI, its employees, agents, and/or instructors from any and all loss or damage, and claims or damages resulting there from, on account of any injury to my person or property, even injury resulting in death, whether caused by the negligence of GSEFI, its employees, agents, and/or instructors or otherwise, which may arise in connection with my participation in the class(s) identified above or related activities, to the fullest extent permissible under the law.

4. I hereby assume full responsibility for the risk of bodily injury, death, or property damage due to the negligence of GSEFI, its employees, agents, and/or instructors or otherwise which may arise in connections with my participation in the class(s) identified above or other related activities.

5. I hereby agree to indemnify, hold forever harmless and defend GSEFI, its employees, agents, and/or instructors against loss from any and all lawsuits, actions, or claims of any character, type or description, whether at law or in equity, brought or made for or on account of any injuries or damages received or sustained by me, and agree to hold GSEFI, its employees, agents, and/or instructors harmless from all persons, firms, or corporations who should bring any lawsuit or make any claim against GSEFI, its employees, agents, and/or instructors because of such injury or damages arising out of, attributed to, directly or indirectly, or occasioned by the negligent acts of any person, corporation, or other entity, including the negligent acts of GSEFI, its employees, agents, and/or instructors which may occur during my participation in the class(s) identified herein or related activities. This Indemnity and Hold Harmless Agreement includes claims for contribution and indemnity, for hospital expenses, drug expenses, doctor fees, nursing, therapy or convalescent fees, and/or attorney's fees and/or claims made by or on behalf of the United States of America or any state or political subdivision hereof. I avow that I have health and/or accident insurance which has application to any injury or illness occasioned by me while participating in the class(s) described above or other related activities.

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6. I affirm that my general health is good and that I am not under a doctor's care for any condition that will endanger my health or the health of other participants. In case of injury, illness, or death, I or my estate will bear the cost of any evacuation procedures utilizing an ambulance, helicopter, or rescue team and any type of related medical care. I affirm that I have adequate and applicable health and/or accident insurance which will cover the cost of reasonable and appropriate health care for any injury or illness I may experience while participating in the class(s) identified herein or other related activities.

7. I hereby consent that any photograph in which I appear may be used without compensation to me for purposes of publicity or advertising, such as catalogues, flyers, and news stories.

8. I understand that I will not be permitted to participate in any class(s) or other related activities unless and until this agreement is properly executed.

9. I expressly agree that this Release of Liability, Assumption of Risk, & Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the United States of America and the State of Utah and that if any portion of it is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

10. I have carefully read this Release of Liability, Assumption of Risk, & Indemnification Agreement, and voluntarily sign the same. By signing this agreement, I acknowledge that it shall be effective and binding upon me, my family, heirs, next of kin, administrators, executors, representatives, and my estate.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_\_

11. Further, I as the parent or guardian undersigned of those minor children or dependents listed below, individually and on their behalf, agree that they are subject to all the terms and conditions of this agreement as fully set forth above, including those set forth in Paragraphs 3, 4, and 5 relating specifically to the release of liability, assumption of risk, and indemnification.

Participating Minor or Dependent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participating Minor or Dependent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If you check the box on the Registration Form that you agree to the terms and conditions listed above, you will not need to bring this form on the first day of class. If you did not check the box on the Registration Form, you will not be admitted to the Field Institute Class unless you bring this signed agreement to the first day of class.**