

WESTERN INTERIOR PALEONTOLOGICAL SOCIETY

RELEASE OF LIABILITY



Participant: _____
Address: _____

Telephone: _____
Activity: _____

By signing below, I acknowledge that all activities sponsored or conducted by the Western Interior Paleontological Society (WIPS) may be hazardous and may result in loss, damage, injury or death;

With full knowledge of these dangers, I hereby agree for myself, all of my family and my heirs, to **RELEASE** WIPS and any of its committees, groups, representatives or agents from liability, claims, demands or any causes of action, and **NOT TO SUE OR OTHERWISE MAKE ANY CLAIM** against WIPS or any of its committees groups, representatives or agents whatsoever which may arise during my participation in any activities of WIPS.

I intend this **RELEASE OF LIABILITY** to be effective whether or not any loss, damage, injury, or death **RESULTS FROM NEGLIGENCE** of WIPS or any of its agents, leaders, instructors, guides, officers, directors, representatives or affiliates. I understand that negligence means a failure to do an act which a reasonable, careful person would not do, under the same similar circumstances, to protect himself, herself or others from injury or death.

I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being while participating in activities of WIPS.

Signature _____ Date _____

IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST READ AND SIGN BELOW:

I am the legal guardian of the above named minor and read the above **RELEASE**. I hereby consent to the terms of the **RELEASE** on behalf of the above named minor and give my consent to the participation of the above named minor in all activities of WIPS on the terms stated above.

Signature _____ DATE _____
(Parent or Legal Guardian)