THE GRAND JUNCTION GEM & MINERAL CLUB, INC

PO Box 953, Grand Junction, CO 81302

Affiliated With the Rocky Mountain Federation of Mineralogical Societies

# PLEASE READ AND UNDERSTAND THE FOLLOWING RELEASE OF LIABILITY

The below named applicant(s) participants(s) agrees to abide by all rules and regulations established by the Grand Junction Gem and Mineral Club (hereafter referred to as GJGMC) and/or any organization(s), agency(s) or person(s) that may have jurisdiction or regulatory powers of any nature concerning the activities, field trips, meetings, etc. of GJGMC; and the below named applicant(s) participant(s) must and hereby agrees to bear the total cost of damages and fines resulting from his/her/their actions, thereby releasing GJGMC, its officers and representatives and personnel from any liability whatsoever.

The below named applicant(s) participant(s) realizes that there are certain dangers inherent in any activity and hereby releases GJGMC from all liability regarding dangerous activity. Either acts of God (such as, but not limited to, snakebite, poisonous plants, and insects, etc.) or self-induced dangers (such as, but not limited to, climbing on loose rocks or ledges, walking along cliff edge exposure, dehydration, etc.) and any other situation not described above that may jeopardize the safety or wellbeing of the applicant(s) participant(s) shall not be the liability of GJGMC, its officers or representatives or personnel.

The below named applicant(s) participant(s) authorize GJGMC, its officers and representatives and personnel involved in the above activities, in its broadest sense, to administer emergency treatment for any accident, injury or illness incurred during the period of the above-named activities, and to enlist, contract for, or hire any professional medical and or dental services they feel are necessary for the safety and well-being of the below named applicant(s) participant(s). it is further understood that the cost of such emergency transportation and/or rescue services is to be born in full by the applicant(s) participant(s) and GJGMC and its officers or representatives are released from any obligation or liability concerning such costs.

I certify that I have read the above terms regarding participation in GJGMCs activities. I’m signing this release of liability and promise to comply with all rules etc., regarding these activities willingly and without pressure. I certify that I am of legal age and competence to act in this manner. If any participant is a minor, I certify that I am a legal parent or guardian of that participant. If minor children are participating in this activity or application, certify that I am the legal head of that family and am acting on behalf of each of them in this release.

Printed Name(s) of adult members in same household:

Name 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (name and phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone(s): Name 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Name 1: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Name 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed names of minor(s): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of responsible party for minors: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_