



TRICERATOPS GULCH PROJECT

INDIVIDUAL REGISTRATION

Please review carefully before signing.

Dig#/Dates: _____

PRIMARY Participant: _____ Phone: _____

Mailing Address: _____

City, State: _____ Zip Code: _____

Museum Member? Yes___ No___ Membership Info? Yes___ No___

How did you hear about us? _____

We are excited to have you join us on the Triceratops Gulch Project this summer. If you have any questions about the dig itself that is not answered in the following paperwork, please reach out to Matthew Mossbrucker at 720-693-1964 (director@mnhm.org). If there are any questions regarding registration or payments not answered in the following paperwork, please reach out to Sarah Miller at 303-885-6454 (s.miller@mnhm.org). Please mark the subject line ATTN. Sarah.

Groups of Two or More, Use the "Group Registration" Document

RELEASE/INDEMNIFICATION OF THE TOWN OF MORRISON DBA MORRISON NATURAL HISTORY MUSEUM'S TRICERATOPS GULCH PROJECT

I. RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

PARTICIPANT MUST READ CAREFULLY BEFORE SIGNING

- A. I understand that the activities of the Triceratops Gulch Project are or may be dangerous and do or may involve risks of injury, loss, or damage. I further acknowledge that such risks may include but not be limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage. I acknowledge that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected with the Morrison Natural History Museum's Triceratops Gulch Project, including but not limited to the following risks: dehydration, exposure to heat, dust and pollen, exposure to chemicals used to preserve fossils, encounters with wildlife and large domestic stock, weather related injuries, e.g. lightning strike.

_____(Initials for All Participants)

- B. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I hereby expressly assume all such risks of injury, loss, or damage to me or to any third party arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the Town of Morrison/Morrison Natural History Museum, its officers, its employees, or by any other cause.

_____(Initials for All Participants)

- C. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I further hereby waive, and exempt, release, and discharge the Town of Morrison/Morrison Natural History Museum, its officers, and its employees from, any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the Town of Morrison/Morrison Natural History Museum, its officers, its employees, or by any other cause.

_____(Initials for All Participants)

D. I further agree to defend, indemnify and hold harmless the Town of Morrison/Morrison Natural History Museum, its officers, employees, insurers, and self-insurance pool, from and against all liability, claims, and demands, including any third party claim asserted against the Town of Morrison/Morrison Natural History Museum, its officers, employees, insurers, or self-insurance pool, on account of injury, loss, or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any way related to the above-described activities, whether or not caused by my act, omission, negligence, or other fault, or by the act, omission, negligence, or other fault of the Town of Morrison/Morrison Natural History Museum, its officers, its employees, or by any other cause.

(Initials for All Participants)

E. By signing this RELEASE AND INDEMNIFICATION AGREEMENT, I hereby acknowledge and agree that said AGREEMENT extends to all acts, omissions, negligence, or other fault of the Town of Morrison/Morrison Natural History Museum, its officers, and/or its employees, and that said AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion hereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.

(Initials for All Participants)

F. I understand and acknowledge that the Town of Morrison/Morrison Natural History Museum, its officers, and its employees are relying on, and do not waive or intend to waive by any provision of this RELEASE OF INDEMNIFICATION AGREEMENT, the monetary limitations (presently \$350,000 per person and \$990,000 per occurrence) or any other rights, immunities, and protections provided by the Colorado Governmental Immunity Act, C.R.S. §24-10-101 et. seq., as amended, or otherwise available to the Town of Morrison/Morrison Natural History Museum, its officers, or its employees.

(Initials for All Participants)

G. I understand and agree that this RELEASE AND INDEMNIFICATION AGREEMENT shall be governed by the laws of the State of Colorado, and that jurisdiction and venue for any suit or cause of action under this AGREEMENT shall lie in the courts of the State of Colorado.

_____ (Initials for All Participants)

H. This RELEASE AND INDEMNIFICATION AGREEMENT shall be effective as of the date set forth below and shall be binding upon me, my successors, representatives, heirs, executors, assigns, and transferees.

_____ (Initials for All Participants)

II. PARTICIPANT SIGNATURE AND DATE:

Participant/Guardian - Print Name: _____

Participant's Signature: _____

Date of Signature: _____

PARTICIPANT AGREEMENT

READ CAREFULLY BEFORE SIGNING

In order to assure the safety and security of the Participant and the other participants in the program, the Participant agree/understand:

1. I understand that the Triceratops Gulch Project requires me to be of good health, and physically able to endure the various weather (full sun, sustained wind, thunderstorms) and temperature conditions (heat and cold) of the Wyoming wilderness.

_____ (Initials for All Participants)

2. I understand that the nature of fossil collection and excavation require me to be physically independent, with the ability to sit, kneel, crouch, and lay on the ground for extended periods of time in outdoor conditions. The activity will also include standing and walking for extended periods of time in outdoor conditions. Participants should be able to lift and carry at least 30 lbs (13.61 kg).

_____ (Initials for All Participants)

3. I understand that while a reasonable attempt will be made to accommodate my needs, that the accommodation of certain needs may not be possible due to the nature of the activity.

_____ (Initials for All Participants)

4. I will stay with the group or a program leader at all times.

_____ (Initials for All Participants)

5. All paleontological and geological specimens are not personal souvenirs.

_____ (Initials for All Participants)

6. Parents/Legal Guardians are responsible for the behavior of the minors in their charge.

_____(Initials for All Participants)

7. I understand that staying hydrated and cool is important to my safety.

_____(Initials for All Participants)

8. I promise to obey the leadership of the Triceratops Gulch Project.

_____(Initials for All Participants)

9. I promise to communicate sudden illness to leadership.

_____(Initials for All Participants)

10. For the safety of the Participant and the group, officers representing the Town of Morrison/Morrison Natural History Museum reserve the right to remove participants from the Triceratops Gulch Project if the signed participant chooses to disregard any aspect of this agreement, engages in dangerous or unlawful behavior, sudden illness, or for any behavior that inhibits or disrupts the group's ability to proceed with the program as planned.

_____(Initials for All Participants)

11. I understand that there is a potential risk of dromaeosaurid attacks as we are in the Cretaceous wild. Non-heroic efforts will be made to mitigate participant loss.

_____(Initials for All Participants)

12. I authorize the use of my image to be captured and potentially used for educational and/or promotional purposes for the Morrison Natural History Museum.

_____(Initials for All Participants)

13. Under penalty of expulsion of the program, I understand the expectations of the leadership of the Triceratops Gulch Project, and will actively listen to directions and suggestions, take advantage of the resources put forth (e.g. fossils on meeting table), communicate any question or clarifications, embrace the conditions and give myself grace in order to meet mine and leaderships expectations for the experience.

_____ (Initials for All Participants)

14. I certify that the information in this document has been reviewed with my party and is accurate and understood under penalty of expulsion from the program without refund, with the exception of participant removal due to medical/health issues.

_____ (Initials for All Participants)

II. PARTICIPANT SIGNATURE AND DATE:

Participant - Print Name: _____

Participant's Signature: _____

Date of Signature: _____

IV. PARTICIPANT INFORMATION AND EXPECTATIONS

Please note that this information will be kept confidential and the answers will be destroyed after your program. The purpose of these questions is to help TGP staff best accommodate you during your program.

What interested you in joining us?

Do you work better individually or in a group?

Do you prefer working in a quiet setting?

What is your primary language? Do you speak any other languages?

Are there any specific support needs or considerations you would like staff to know?

Is there anything else you would like us to know before meeting you for the Triceratops Gulch Project?

What do you hope to experience from the Triceratops Gulch Project?

TUITION & PAYMENT

- \$900/person for Thursday to Sunday programs.
- \$1100/person for Extended Excavation program.

Payment can be made in two ways, according to your preference. You can either fill out the payment plan (separate document) and make payments through Sarah Miller at the Museum over the phone, mail, or in person. Or, you can opt to pay your initial deposit or the full amount online using a secured link shared with you. Full tuition is due at the start date of your program.

PROGRAM CANCELLATION

In the event of program cancellation, participants will receive a full refund within thirty days of the cancellation notice. Participants for the canceled program will be notified via the email on record. Programs will not be canceled due to inclement weather.

PERSONAL CANCELATION

More than 6 weeks:

Participants may cancel their reservation six weeks (or more) in advance of their program start date, with full refund sans deposit and processing fees. If available, you may reschedule to a later program in the same season with no additional cost.

At 5 Weeks:

Participants who cancel five weeks in advance of their program start date will receive a 50% refund sans deposit and processing fees. If available, you may reschedule to a later program in the same season with no additional cost.

At 4 Weeks or Less:

For any cancellations within four weeks (or less) of their program start date there is no refund available.

MEDICAL/TRANSPORTATION RELEASE

Name (PRINT): _____ DOB: _____

General health: _____

Detail special dietary needs: _____

Do you have any health conditions that might hinder your participation in this program, (e.g. knee problems)?
(Keep in mind participants are expected to be able to hike with a daypack from the staging areas to the quarries.)

Emergency Contact: _____ Relationship: _____

Phone (Day): _____

(Evening): _____

Alternative Emergency Contact: _____ Relationship: _____

Phone (Day): _____

(Evening): _____

Physician: _____

Phone: _____

Preferred Hospital: _____

Healthcare Provider: _____

Please attach a copy/photograph of the current health insurance card to this document.

MEDICAL/TRANSPORTATION RELEASE

List any medications you are currently taking:

If applicable, where is any rescue medication you have located?

Please have all rescue medications with you at all times.

How is rescue medication or treatment to be administered? _____

LIST FOOD AND DRUG ALLERGIES: _____

ARE THERE ANY SPECIAL INSTRUCTIONS YOU WISH THE STAFF TO FOLLOW
IN CASE OF A MEDICAL EMERGENCY?

TRANSPORTATION - If participants choose to drive themselves to the field sites, proof of driver's license and insurance is requested.

- AUTOMOBILE INSURANCE PROVIDER: _____

Attach a photograph of your current insurance card and driver's license to this document.