

**Yellowstone Gateway Museum Foundation**

**Participant Waiver and Release of Liability for Geology of Paradise Field Trip**

1. **Acknowledgement of Participation and Assumption of Risk**

I, the undersigned, understand that I am participating in a field trip organized by The Yellowstone Gateway Museum Foundation on June 4, 2025. I understand that participating in a field trip involves certain inherent risks, including but not limited to transportation, physical activity and interactions with the public. I voluntarily assume all such risks and responsibilities.

1. **Release of Liability**

I hereby release and hold harmless both the Yellowstone Gateway Museum Foundation and the Yellowstone Gateway Museum, their employees, officers, agents, and affiliates from any and all claims, damages, or liabilities arising from or related to my participation , including any injury, illness, loss or damage that may occur.

1. **Medical Treatment**

In the event of a medical emergency, I authorize the Yellowstone Gateway Museum foundation and/or the Yellowstone Gateway Museum to seek appropriate medical attention. I understand that I am responsible for my own medical insurance and expenses.

1. **Conduct and Responsibility**

I agree to conduct myself in a responsible and respectful manner, and to follow all instructions from trip organizers and Foundation and Museum staff, and chaperones. I understand I am expected to support a safe and educational environment for all participants.

1. **Photo Release (Optional)**

I grant permission for the Yellowstone Gateway Museum Foundation and/or The Yellowstone Gateway Museum to use photographs or video taken during the field trip for educational or promotional purposes.

I do NOT grant permission for photo/video use.

**Name (printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**