

2022 MEMBERS' PALEONTOLOGY EXPERIENCE REGISTRATION FORMS

Trip Dates

Sunday, July 31–Saturday, August 6, 2022

Fees

\$2,250 per person

Forms

Please complete and sign a registration form, participant waiver and medical release form for each person in your party. Mail, fax or email the completed forms to the Academy Membership Office no later than **May 15, 2022. Members cannot attend the field school without signing and completing all three documents for each person in your party.**

Payment, Cancellation, and Refund Policies

A **20% deposit of the total due** is required at the time of registration. The total cost for the trip (not including your travel arrangements) is \$2,250 per person. **All balances are due by June 15, 2022.** If you do not pay your balance in full by June 15, 2022, you may lose your reservation to the field experience. If you register after June 15, 2022, you must pay all fees in full.

Payment Schedule

- 20% non-refundable deposit of total due up front to hold your spot
- 50% of remaining balance is due May 22, 2022
- Final Payment (and registration deadline) is June 15, 2022
- If you choose to use a payment schedule, contact the Membership Office directly to complete your payments by phone.

Academy Membership Office

1900 Benjamin Franklin Parkway

Philadelphia, PA 19106

Fax: 215-405-1541

Phone: 215-299-1022

Email: membership@ansp.org

Questions

For registration and payment questions, contact:

Bernadette M. McGeever

mcgeeve@ansp.org

215-299-1182

REGISTRATION FORM

A copy must be signed and returned as part of your registration for each member attending the field study.

Adult

Full Name _____
(Last) (First) (Middle)

Phone Number _____
(Cell) (Home)

Current Address _____

Birthday
(MM/DD/YYYY) _____

Email Address _____

Child

Full Name _____
(Last) (First) (Middle)

Current Address _____

Birthday (MM/DD/YYYY) _____
(Children must be 13 by July 1, 2022)

Signature _____ Date _____

PHOTOGRAPHIC RELEASE

I hereby consent to and authorize the use and reproduction by the Academy of Natural Sciences of Drexel University of any and all photographs that have been taken of me and/or my children for any purpose, without compensation to me. The Academy has full ownership of all photos and prints. The Academy reserves the right to use these photographs in any of its print or electronic publications or advertising.

I am of full age/ I act as the parent/guardian of the minor.

☐ I do consent ☐ I do not consent

Signature _____

Date _____

Name of Minor _____

PARTICIPANT WAIVER OF LIABILITY AND TERMS

A copy must be signed and returned as part of your registration for each member attending the field study.

I, _____ (full name) accept and understand the following:

- 1) I/we have voluntarily applied to participate in the Members' Paleontology Field Study, a joint project of the Academy of Natural Sciences of Drexel University and the Bighorn Basin Paleontological Institute (BBPI). I acknowledge the risks and the potential risks of participation in this program. I am aware that there are inherent risks associated with this type of physical activity, including death. I/we understand the conditions in the field may at times be hazardous and that some of the following situations may exist or be encountered while participating in the field school:
 - a. The weather may be extremely hot and there is little shade, so be prepared for the hot sun. It may also be very cool.
 - b. Some work may be along steep slopes where there is a risk of slipping and falling.
 - c. Excavation work may at times be strenuous and difficult. All physical limitations will be taken into account.
 - d. Rattlesnakes, scorpions and other types of hostile wildlife may be encountered.
 - e. There are large cacti, rocks and extremely hard soils. Protective footwear and gloves should be worn.
- 2) I/we realize the nature of the conditions outlined and others not listed above may exist, but agree to accept full responsibility for any injuries or hazards encountered for any family members and myself. I/we agree not to hold the Academy of Natural Sciences of Drexel University, Drexel University and its respective subsidiaries, affiliates, officers, directors, managers, employees, agents and representatives, the field study leadership, or their relatives, BBPI, the landowners, or any participating academic institution or museum and its personnel liable for any injuries that I or my family members may incur as a result of my/our participation in the scheduled activities of this field school.
- 3) I agree that I am in good health and suffer from no physical or psychological impairment, which would limit my participation in the Members' Paleontology Field Study. I/we agree to notify the field school leadership, prior to my arrival, of any pre-existing medical conditions that could be exacerbated by the rigors of the outdoor activities. These may include, but are not limited to, asthma, heart conditions, allergies, or other pre-existing conditions. I further understand that I/we should carry our own first aid supplies as the field school will not provide them for the attendees. Furthermore, all of the personal medical information provided in this document is accurate and complete.
- 4) I agree that I carry full and complete medical insurance coverage. I acknowledge that the Academy of Natural Sciences of Drexel University, BBPI, has not and will not render any medical services including medical diagnosis of my physical condition. I understand the field school does not provide any type of medical or liability insurance to cover any possible injuries and accidents while I, (and/or my family members), are participating in this field school and/or the scheduled activities. I/we agree to be responsible for carrying my/our own medical and liability insurance for myself and my family members participating in these activities. I agree to provide my/our own

liability and medical insurance. I will provide proof of my/our self-insurance to the leadership of the field school if required.

- 5) I/we understand the field school does not provide any insurance for my/our vehicle. In the event of any vehicle trouble or accident, I/we agree to assume all responsibility and will not hold the Academy of Natural Sciences of Drexel University, Drexel University and its respective subsidiaries, affiliates, officers, directors, managers, employees, agents and representatives, the field study leadership, or their relatives, BBPI, the landowners, or any participating academic institution or museum and its personnel liable for any injuries that I (or my family members) may incur as a result of travels to and from this field school activity or for anything that may happen to my/our vehicle.
- 6) I/we understand the registration will cover the costs of the meals and lodging, course materials, necessary equipment needed for the scheduled activities, and transportation to/from the airport and to all field sites.
I/we understand that these fees do not cover the costs of transportation from your home to the Billings airport or vice versa.
- 7) I/we will be responsible for bringing (as an attendee) my own gear such as: a canteen or water bottle, backpack, personal first aid kit, proper clothing, and anything deemed necessary for the harsh environmental conditions that may be encountered. Each individual must transport all of these items during the scheduled activities. THESE ITEMS ARE MANDATORY FOR ALL ATTENDEES.
- 8) I/we understand that the activities of this field study and its leadership are important scientific studies and my participation is a privilege. There will be no collecting of fossil specimens for my personal use unless otherwise authorized by the field school instructors. Camera equipment may be brought to the field activities and used by the attendees if they wish. As such, I/we agree that the locations, scientific information, and other data that is gathered are the proprietary property of BBPI and the Academy of Natural Sciences of Drexel University and the field school leadership. I/we will not disclose any information pertaining to the sites without expressed written consent of the field school leadership or the landowner of the property upon which we are working. I/we agree not to write any press releases or articles about the activities of the field study without written consent and approval by the Academy of Natural Sciences of Drexel University, BBPI. I/we fully understand and agree not to utilize any information obtained by my/our participation in the field school for personal monetary gain.
- 9) I/we agree that as parent(s) or guardian(s) of children under the age of 18 years of age participating in this field school, that I/we will be required, at all times, to supervise my child and ensure that the child will not disrupt the activities of the field school.
- 10) I/we agree that our children attending the trip will be 13 years old by July 1, 2022.
- 11) I/we will allow the Academy of Natural Sciences of Drexel University and BBPI to utilize any picture or video containing my/our image as a promotional product for present or future paleontological activities sponsored by the museum.
- 12) I/we agree not to litter or deface the area in which we are working or staying.

- 13) The overall leadership role for the field school lies with the instructors; Ms. Caitlin O'Brien (ANS), Ms. Kim Reynolds (ANS), and Mr. Jason Schein (BBPI) are the individuals assigned decision-making authority for the field school. Should they determine that the removal of certain individual(s) is warranted for the best interest of the field school, they may do so at any time with just cause. Should this action occur, these individual(s) will be asked to leave and will subsequently not receive any reimbursement for the unused portion of their registration fees.
- 14) I/we agree and fully understand the terms of this agreement and liability waiver in my/our attendance in the Members' Paleontology Field Study. By signing below, I/we fully accept these terms for both myself and my family members in attendance.
- 15) I acknowledge that in consideration of being permitted by the Academy of Natural Sciences of Drexel University and BBPI to participate in the Members' Paleontology Field Study, I hereby, intending to be legally bound for myself, my heirs, and assigns, executors or administrators and/or guardian of my son/my daughter/my ward specially agree that the Academy of Natural Sciences of Drexel University, Drexel University and its respective subsidiaries, affiliates, officers, directors, managers, employees, agents and representatives, BBPI, shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, in any activity associated with the Members' Paleontology Field Study, and I agree to hold the above-mentioned parties harmless from same. I hereby waive any and all claims for any and all injuries I may suffer under any circumstances, including but not limited to those claims arising from the negligence of the Academy of Natural Sciences of Drexel University, BBPI, its employees, agents, servants, invitees, co-members, contractors, or sub-contractors, employees or otherwise.

Participant's Signature _____

Date _____

Parent/Guardian's Signature _____

Date _____

The Academy of Natural Sciences of Drexel University

Non-Academic/Academic Programs

Informed Consent, Assumption of Risk and Release of Liability Form

IMPORTANT – READ ENTIRE FORM BEFORE SIGNING

Participant Name: _____ Phone: _____

Address of Participant or Parent/Guardian (if Participant is under 18): _____

Program Description/Location ("Program"): _____

Program Date (s): _____

The Academy of Natural Sciences of Drexel University, any related parent or affiliated entities, and its respective trustees, officers, employees, volunteers, students, and participating organizations, agents and assigns are collectively referred to herein as the "Academy".

I understand that this Program is completely voluntary, and I freely choose to participate in this Program. I understand that Program activities will include, but are not limited to (see additional space on last page):

I understand that participation in the Program exposes me to risks, including, but not limited to (see additional space on last page):

CONSENT TO PARTICIPATE

I recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in the Program that cannot be specifically listed. I acknowledge that I am responsible for making sure that my health is adequate to participate in the activities involved in the Program.

I agree that participating in any activity is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon my taking proper care of myself. I understand that it is my responsibility to know what I will need for the Program and to provide what I will need. I agree that I must have my own health insurance and that I am responsible for the cost of any medical treatment required during the Program. I agree to fully comply with applicable laws, policies, rules, regulations, Drexel's Student Code of Conduct, and any supervisor's instructions or posted warnings regarding participation in this Program. I agree to stop and seek assistance if I do not believe I can safely participate or continue in any activity. I agree to wear or use proper protection or gear as dictated by the activity. I will not wear or use or do any thing that would pose a hazard to myself or others, including using or ingesting any substance which could pose a hazard to me or others. I agree that if I do not act in accordance with this agreement I may not be permitted to continue to participate in the Program.

I understand that the Academy is not an agent of, and has no responsibility for, any third party including without limitation any entity which may provide any services including food, lodging, travel, or any equipment associated with the Program.

Despite precautions, accidents and injuries can occur. I understand that travel and other activities connected with the Program may be potentially dangerous and that I may be injured and/or lose or damage personal property, or suffer financial loss, as a result of participation in the Program. Therefore, for myself, **I ASSUME ALL RISKS RELATED TO THE ACTIVITIES**, including, but not limited to:

- Death, injury or illness from accidents of any nature whatsoever, including but not limited to bodily injury of any nature whether severe or not which may occur as a result of or arising from: participating in an activity or contact with persons or physical surroundings, including animals, insects or plants; travel by air, car, bus, subway or any other means; illness including food poisoning arising from the provision of food or beverage by restaurants or other service providers.
- Loss or injury as a result of a crime or criminal act, terrorism, war, civil unrest, riot, detention by a foreign government, arrest or other act of any government or authority including, without limitation, any loss resulting from the cancellation or delay of the Program.
- Exposure to chemicals, hazardous materials or other potentially harmful substances or animals in research facilities or laboratories.
- Exposure to and illness from infectious diseases including, but not limited to, COVID-19, that is known to mainly spread from person-to-person through respiratory droplets when people cough, sneeze, or talk, and for which physical exertion and heavy breathing may lead to respiratory droplets being propelled longer distances. I understand the risks of COVID-19.
- Theft or loss of my personal property during the Program.
- Loss or injury as a result of natural disaster or other disturbances. .

The Academy of Natural Sciences of Drexel University

Non-Academic/Academic Programs

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I further acknowledge that the above list is not inclusive of all possible risks associated with the Program and that I am aware of the risks involved whether described or not. I further understand that participating in the Program is an acceptance of risk of injury, death or financial loss.

PERSONAL PROTECTIVE EQUIPMENT- COVID-19

I acknowledge that I may be required to wear certain Personal Protective Equipment ("PPE"), including face masks, pursuant to the Academy's policies, rules, and regulations. I understand that the use of PPE does not remove all risks of illness. I alone must determine the sufficiency of any PPE or other precautions that I decide to take to minimize the risks of participating in the Program. I expressly acknowledge that my choice of PPE is at my discretion and that the Academy has no liability for my choice of PPE or for PPE provided by the Academy, if any. I further understand that the Academy cannot control or eliminate all risks associated with COVID-19, and it is my voluntary choice to participate in the Program.

MEDICAL TREATMENT AUTHORIZATION

I authorize and give my consent to the Academy to act on my behalf, or on behalf of my child (who is under 18), in any medical emergency, including, if necessary, emergency medical treatment and admission to an accredited hospital or emergency care center. I understand and acknowledge that the Academy does not provide health and accident insurance for the Program participants, and I agree to be financially responsible for any medical bills incurred as a result of medical treatment rendered to me (or to my child).

Emergency Contact Name: _____ Phone #: _____

PHOTO RELEASE

I grant permission for me/my child to be photographed and/or recorded on audio tape, video tape or film, while participating in the Program, and for such photograph(s), recording(s), tape(s) and/or film(s) to be used for promotional and educational purposes of The Academy of Natural Sciences of Drexel University.

(Check one) ☐ Yes ☐ No

RELEASE OF LIABILITY

In consideration of the Academy is providing me the opportunity to participate in this Program, I voluntarily remise, release and forever discharge Drexel, its affiliated entities, successors, assigns, trustees, officers, students, employees and agents from any and all personal injuries, damages, losses, claims, causes of action, or lawsuits of any kind (a "Loss") whatsoever arising out of or in any way relating to my participation in the Program, including, without limitation, a Loss resulting in whole or in part from the negligence of the Academy or its affiliated entities, trustees, officers, agents, faculty, staff or students.

My signature below indicates that I have read, understood, and freely signed this document. I understand that I have given up important rights by signing this document. This document is made in sole consideration of the Academy supporting my participation in the Program and my use of facilities, equipment, or services associated with the Program. This document shall be construed and enforced in accordance with the laws of the Commonwealth of Pennsylvania, and I consent to the jurisdiction of said state.

Signature: _____ Date: _____

(If participant is under 18 years of age, a parent or legal guardian MUST sign this document - see below)

PARENTAL CONSENT (must be signed if Participant is under 18 years of age)

I am the parent or legal guardian of the individual identified at the beginning of this document who will participate in the Program. I acknowledge that my child is attending the Program voluntarily with my permission and that I have read, understand and accept the rules and standard(s) of conduct for the Program. I have reviewed the information provided relating to potential risks involved in the activities and Program. By my signature below, I assume all risks on behalf of my child related to the activities and the Program. I have had an opportunity to ask questions about this document. I understand that I have given up important rights for myself and for my child by signing it. This document is made in sole consideration of the Academy providing the opportunity for my child to participate in the Program and my child's use of facilities, equipment or services associated with the Program.

Signature Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

The Academy of Natural Sciences of Drexel University
Non-Academic/Academic Programs
Informed Consent, Assumption of Risk and Release of Liability Form

ADDITIONAL INFORMATION (IF NECESSARY)

MEDICAL INFORMATION & RELEASE

A copy must be signed and returned as part of your registration for each member attending the field study.

Note: All medical information will be confidential.

IMPORTANT: Daily activities involved with the Academy of Natural Sciences of Drexel University Members' Paleontology Field Study can be strenuous and undertaken in harsh conditions. Extended hiking on steep and loose mountainsides and heavy lifting are common, as well as 90+ degree temperatures. You **must** be able to complete these and similar tasks regularly to participate, and you **must** have full medical insurance to participate. *Potential participants should consult their physicians' advice before registering for this experience.*

Name _____
(Last) (First) (Middle)

Age _____ Sex _____

Date of Birth _____ Height _____

(Children must be 13 by July 1, 2022)

Weight _____

Emergency Contact Information

Name _____
(Last) (First)

Relationship _____

Phone _____
(Daytime) (Evening)



Medical History

List any allergies you have and the medications (if any) you take for them.

List any conditions for which you are currently, or have been recently treated.

List any medications (prescriptions and over-the counter) that you are currently taking and the condition for which it is intended.

Medication	Condition
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Medical Insurance

Insurance Company_____
Policy #_____
Group #_____

I certify that all of the personal medical information provided in this document is accurate and complete.

Participant's Signature_____

Date_____

Parent/Guardian's Signature_____

Date_____