

**PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK**  
**Emory & Henry College Bartlett- Crowe Field Station**

In consideration of the services of Emory & Henry College their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (collectively "Emory & Henry College"), I hereby agree to release, indemnify, and discharge Emory & Henry College, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my visiting or participating in Bartlett-Crowe Field Station activities in any way (Activity), including but not limited to hiking, camping, educational and research activities, and use of scientific equipment, entails known and unanticipated risks that could result in physical or emotional injury or death. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the Activity.

**The risks may include, among other things:** Strenuous physical activity; slips and falls; sprains, strains, broken bones; inclement weather; wildlife encounters; other participants and/or my own negligence; and emotional stress.

2. I expressly agree and promise to accept and assume all of the risks existing in this Activity. My participation in this Activity is purely voluntary, and I elect to participate in spite of the risks.

3. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I understand that Emory & Henry College does not provide health insurance for Field Station visitors. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

4. In the event that I file a lawsuit against Emory & Henry College, I agree to do so solely in the state of Virginia, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I further agree that the place of this release, its situs and forum, will be Washington County, Virginia, and it is said county and state for all matters whether sounding contract or tort relating to the validity, construction interpretation, and enforcement of this release be determined. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this Activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Emory & Henry College on the basis of any claim from which I have released them herein. I also acknowledge that I have fully satisfied myself as to the nature of the Activity or Activities in which I will be participating, the risks associated with each such Activity, and my responsibility to know my own limits. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization, or other treatment that may become necessary.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Visitor/Participant \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)**

In consideration of (print minor's name) ("Minor") being permitted by Emory and Henry College to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Emory and Henry College from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE FORM FOR MINORS (under 18)**

The Bartlett-Crowe Field Station has my permission to use my or my child's photograph publically to promote the field station and/or Emory & Henry College. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_