Waiver and Release Form  
Nevada Bureau of Mines & Geology (NBMG)  
Earth Science Week Field Trip  
Saturday, October 12, 2019

Please complete a waiver form for each person attending, including minor children.

I, the undersigned, understand that participating in the NBMG Earth Science Week Field Trip may involve inherent risks. I am aware that the tour itinerary may include some walking on rocky terrain and or steep slopes, that falls and collisions may occur, that other natural hazards do exist, and that therefore injuries may result. I understand that it is my option to participate or not to participate in any of the activities on the tour. I therefore accept the risks to myself and others in my group, and I agree to use extreme caution at all times on this trip. I understand that any costs for medical expenses incurred for me or others in my group while participating in the field trip are my responsibility and will not be paid for by Nevada Bureau of Mines & Geology or by the University of Nevada, Reno, or any other party.

I, the undersigned, intending to be legally bound hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for losses and damages I may have against the Nevada Bureau of Mines & Geology or by the University of Nevada, Reno, their staff, geologists, faculty, and field trip leaders, for any and all injuries suffered by me on this field trip. I attest and verify that I am participating at my own risk.

This release is only intended for the use of the Nevada Bureau of Mines & Geology or by the University of Nevada, Reno.

Participant name(s) (print): ______________________________________
________________________________________________________________________
________________________________________________________________________

Signature of participant:
________________________________________________________________________

Signature of parent or legal guardian (required for minors):
________________________________________________________________________

Date: ________________________________________________________________

Please describe any allergies or medical concerns of which we should be aware, or indicate N/A.
________________________________________________________________________
________________________________________________________________________

In case of emergency, call:
Name___________________________________________________
Phone # ________________________________________________

Waiver prepared by  
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