



# SUNSITES GEM AND MINERAL CLUB

P.O. Box 87  
Pearce, AZ 85625

## INFORMED CONSENT / ASSUMPTION OF RISK / WAIVER OF LIABILITY

### FIELD TRIPS AND ACTIVITIES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Please read the following information before beginning any trip(s) and/or activities with this Club. Sign and date this form at the bottom to acknowledge that you have read and understand the information presented.

I understand that any and all field trips and/or activities of the Sunsites Gem and Mineral Club that I participate in may include one or more of the following hazards that may result in personal harm:

Substantial walking and/or physical activity; Unpredictable and Dangerous Environmental Conditions/Hazards including, but not limited to: encounters with poisonous, predatory, and dangerous wildlife; snow; rain; wind; very cold and very hot temperatures; lightening; altitude; open mine pits and excavations; loose rock; falling rock; avalanche; river hazards; mud slides; mud; ice; and other slippery conditions; and/or risk of injury from use of lapidary machinery.

I understand the risks, either natural or man-made, inherent in all outdoor and lapidary activities.

By participating, I am assuming the risks inherent in any and all field trips and/or activities and am releasing the Sunsites Gem and Mineral Club from any and all liability for claims or lawsuits by the undersigned arising out of any and all field trips or activities. I have read all of the aforementioned information and understand all of it. Any questions which have arisen have been answered to my satisfaction. I am participating in these activities of my own free choice.

If the participant is under the age of 18, this form must be read and signed by parent or legal guardian before participating in a field trip or activity.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
(if participant is under the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date