

**WAIVER AND RELEASE OF A STUDENT TO PARTICIPATE IN
THE SOUTHERN UTAH UNIVERSITY HIGH SCHOOL GEOLOGY FIELD EXPERIENCE
IN SOUTHWESTERN UTAH AND ADJACENT NEVADA AND ARIZONA**

I, _____, am the parent or legal guardian of _____, and understand that he/she is participating in the Southern Utah University High School Geology Field Experience in southwestern Utah and adjacent Nevada and Arizona, August 8 through August 14, 2004 (hereafter referred to as "Field Experience").

I give my permission for his/her participation in this Field Experience, recognizing that it may be of significant academic and developmental benefit to him/her.

I understand that my son/daughter (hereinafter referred to as "student") will be traveling around the southwestern Utah area, by 15 passenger van, or other appropriate or necessary means. I also realize that, in addition to those risks and dangers inherent in and related to travel, there are, or may be, other risks and dangers incident to my student's participation in the Field Experience.

I understand that each student will be advised of and will be expected to behave consistent with various appropriate rules of conduct while away from home. I understand that there will be faculty/employees of Southern Utah University accompanying my student, in a group of other students. These faculty/employees are understood by me to constitute a teaching/supervisor (and not necessarily a chaperone) role. I authorize these teaching/supervisor personnel to enforce the rules of conduct of the Field Experience even to the point, that in his/her judgement, if there is a sufficient violation of the rules, that my student may be sent home immediately (probably alone) at my expense. I will be notified of this as soon as practicable using the information I have supplied as indicated below.

In consideration for the benefits received or to be received by my student, and in consideration for the services provided by Southern Utah University, I hereby agree to release and promise to hold harmless Southern Utah University, its faculty, employees, administrators, volunteers, and agents from any and all liability for injury by the acts or omissions of any person whomsoever.

In further consideration for the benefits and circumstances, I hereby grant permission to the faculty/supervisor(s), in their discretion, to authorize any and all medical attention or emergency treatment for my student which may appear to be reasonably necessary for his/her well being, and I agree to pay and be personally responsible for any expense or charge incurred in obtaining such attention or treatment. Except for that which I have specifically disclosed below, I certify that my student is not currently under any form of medical treatment or pharmaceutical treatment, and has no chronic physical or mental illness or disorder, which, in my or my private physician's opinion (which I have independently obtained or waive), could adversely affect his/her safe participation in the Field Experience.

If I am the sole signer of this document, I also represent the position of my student's other [parent or other guardian(s)], and that where necessary, I have authority or will here take personal responsibility for signing on his/her behalf.

PARENT(S) OR LEGAL GUARDIAN(S)

Date: _____ Signed: _____

Date: _____ Signed: _____

Notify me at: _____

Medical Information: _____

Medical Insurance Information/Policy No.: _____

Please return to:
Dr. C. Frederick Lohrengel II
Division of Geosciences
Southern Utah University
351 West Center St.
Cedar City, Utah 84720