



Grant County Archaeological Society
PO Box 1713, Silver City, New Mexico 88062
<https://www.gcasnm.org>
email: gcasnm.org@gmail.com

ACKNOWLEDGEMENT OF RISK FACTORS

I, _____, understand that:
(Participant's name - please print)

The GRANT COUNTY ARCHAEOLOGICAL SOCIETY does not provide insurance coverage for medical care that I may need because of my participation in **field trips and/or any other Grant County Archaeological Society activities**.

I understand there are risks and hazards that may arise during the course of any such activities, including but not limited to accidents on public lands and/or private property. I hereby assume any and all inherent risks and hazards associated with said activities.

I agree that the Grant County Archaeological Society is not responsible for any medical services that I might need, and I agree to be financially responsible for any medical bills incurred by me as a result of any required medical treatment.

I further agree for and on behalf of myself, my dependents, heirs, executors, administrators, and assigns to release and hold harmless the Grant County Archaeological Society Board members, and/or any of the organization's representatives or members from any and all liability for injuries or death; for the loss of or damage to my property; or for injury or property damage to others caused by me, however occurring, during any portion of or in relation to the above described activities.

In accordance with the GCAS Code of Ethics (<https://www.gcasnm.org/news/ethics.html>), I accept the responsibility to protect from further disturbance those site locations and/or resources that I visit on GCAS field trips or other GCAS activities.

Participant's Signature

Date

Signature of Parent or Guardian if Participant is under age 18

Date