

Agreement for Release of Liability and Indemnification for Adults

Participant #1 Last Name (printed)	Participant #2 Last Name (printed)	Program Dates (From/To)
Program Name		

By signing below, I admit and recognize that my participation in any activity sponsored or conducted by the Crow Canyon Archaeological Center ("Crow Canyon") involves risks, which may include, but are not limited to, sickness; personal injury; loss of, or damage to, personal property; or death. I understand that travel and manual labor in unpopulated and remote areas, where medical attention is not readily accessible, or over rugged terrain at high altitudes, presents inherent dangers, including adverse or changing weather conditions and other hazards natural to outdoor activities. I understand that I will be participating in Crow Canyon activities with other participants over whom Crow Canyon has limited or no control. I understand that Crow Canyon does not have physicians, nurses, or emergency medical technicians accompany participants during Crow Canyon activities, and that any medical attention provided to me will be provided by persons with limited training.

I acknowledge that Crow Canyon shall not be held liable for (A) any damage to, or loss of, property or injury to, or death of, persons occasioned directly or indirectly by an act or omission of any other provider, including, but not limited to, any defect in any aircraft, water craft, or vehicle operated or provided by such other provider, and (B) any loss or damage due to delay, cancellation, or disruption in any manner caused by the laws, regulations, acts or failures to act, demands, orders, or interpositions of any government or any subdivision or agent thereof, or by acts of God, strikes, fire, flood, war, rebellion, terrorism, insurrection, sickness, quarantine, epidemics, theft, or any other cause(s) beyond their control.

By registering for a Crow Canyon program, I certify that I do not have any mental, physical, or other condition or disability that would create a hazard to myself or other participants. I understand that Crow Canyon reserves the right in its sole discretion to accept, decline to accept, or remove any participant in or from a Crow Canyon activity. If I require medical care or am evacuated from an activity for any reason whatsoever, I AGREE TO PAY for and be responsible for all costs and fees connected with the medical care or evacuation.

In exchange for my being permitted to participate in Crow Canyon activities, I AGREE TO ASSUME THE RISKS described above, and for myself and my heirs, AGREE TO RELEASE Crow Canyon and all of its agents, employees, officers, and directors, as well as the owner and operator of any premises or vehicle I utilize or enter while participating in Crow Canyon activities, from all claims, liabilities, causes of action, and damages that in any way arise out of, are connected with, or result from, my participation in those activities.

For myself and my heirs, I also agree that if I make any claim or suit against Crow Canyon or its agents, employees, contractors, participants, officers, or directors that in any way arises out of my participation in any Crow Canyon activity, and such claim or suit is determined by a court or jury of competent jurisdiction to have arisen out of the dangers inherent in my participation in the activities of Crow Canyon, rather than out of the negligence or other wrongful action of Crow Canyon, its agents, employees, contractors, participants, officers, and directors, I will pay the costs and attorney fees incurred by Crow Canyon and any such person in the defense of such suit, the enforcement of this Agreement, and the collection of such costs and attorney fees.

I also AGREE TO ALLOW Crow Canyon to use or reproduce, for any Crow Canyon purpose and in any medium that exists now or in the future (including print, Internet, and Internet social media), any photograph or audio or video recording that is taken of me by Crow Canyon staff or its agents, and I agree that Crow Canyon may do so without compensation to me. I understand that all such photographs and recordings and all copyrights in said photographs and recordings will be owned only by Crow Canyon.

I FURTHER AGREE that all written comments, testimonials, and other information communicated by me to Crow Canyon or its agents during the course of my Crow Canyon program (for example, comments that I write on the program-evaluation form) will be the exclusive property of Crow Canyon, will not be required to be treated as confidential, and may be used by Crow Canyon for any purpose and in any medium that exists now or in the future (including print, Internet, and Internet social media) without compensation to me.

I understand that Colorado Law will apply to this Agreement, and I agree that any legal action I may bring against Crow Canyon may be brought only in the courts of Montezuma County, Colorado.

As a condition of participation in this program, each person must sign this statement. *If there are more than two adult participants, please use additional forms.*

My signature indicates that I have read, understood, and will abide by this release.

Participant #1—Signature _____

Participant #2—Signature _____

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MEDICAL INFORMATION FOR ON-CAMPUS ADULT & FAMILY PROGRAMS

IMPORTANT: A separate medical form must be completed for each program participant, including children attending Family Archaeology Week.

Participant Last Name (printed)	Program Dates (From/To) (mo/day/year)
Program Name	

Medical information is required to ensure that your medical needs are met while attending a Crow Canyon program. Medical information is confidential and will not be shared and/or disclosed without permission except to the Crow Canyon privacy officer and the people who are directly responsible for your care. **This medical form must be filled out each time you enroll in a program.**

For more information, or if you feel that the Crow Canyon Archaeological Center violated your privacy rights, you may contact the privacy officer at 970.564.4349 at 23390 Road K, Cortez, CO 81321-9408; or, you may file a complaint with the federal office of Health and Human Services.

Questions? Call 800.422.8975, ext. 146.

For your convenience, we will also send you information on how to register your medical information online at CampDoc.com.

PLEASE PRINT LEGIBLY

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Date of birth: _____ Male Female Cell phone: _____

Physician's Name: _____ Phone: _____

Medical insurance company: _____ Policy #: _____

Medical insurance phone: _____ Medicare #: _____

Allergies (bee stings, plants, drugs, foods, etc.): _____

Do you carry medication for severe allergic reactions? Y or N If Y, medication name: _____

(Colorado State Law requires that all medications be self-administered.)

Medications taken regularly and what they are for: _____

Physical restrictions (examples include shortness of breath, poor balance on steep or uneven terrain, excessive weight, fear of heights, etc.): _____

Dietary restrictions: _____

(We will make every effort to accommodate special diets, but in some instances it may not be possible.)

History of any heart condition or other serious health condition we need to know about: _____

Other important information about your health: _____

Signed (adult for self): _____ Date: _____

Signed (parent/guardian for minor child): _____ Date: _____

EMERGENCY CONTACT (someone not accompanying you on this trip)

Name: _____ Relationship: _____

Home phone: _____ Office phone: _____ Cell phone: _____

Address: _____ City/State/Zip: _____

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TRAVEL PLAN

Program Name	Program Dates (From/To) (mo/day/year)
Participant Last Name (printed)	

PLEASE PRINT LEGIBLY

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Cell phone: _____

Total number of people, including yourself: _____

Names of other people in your party: _____

CAR TRAVEL (Please plan to arrive between 2:00 and 5:00 p.m.)

I/We plan to **ARRIVE** at Crow Canyon on _____ (date) at _____ (time)

I/We will **DEPART** from Crow Canyon on _____ (date) at _____ (time)

ARRIVAL AT DURANGO AIRPORT (We cannot meet flights at any other airports.) If arriving early/departing late, please see next box.

I/We plan to arrive at Durango airport on _____ at _____ on _____
(Date) (Time) (Flight No.)

I/We plan to depart from Durango airport on _____ at _____ on _____
(Date) (Time) (Flight No.)

EARLY ARRIVAL/LATE DEPARTURE

I/We plan to arrive in Cortez on _____ and stay at _____
(Date) (Name of Motel/Lodging)

Phone at motel/lodging: _____

I/We will need transportation to Crow Canyon from location named above on the day the program begins (Crow Canyon will notify you of the pick-up time).

I/We will not need transportation to Crow Canyon on the day the program begins.

After the program has ended on Saturday morning, I/we will need transportation to:

Car rental agency at the Durango airport

_____ motel in Cortez

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Terms and Conditions

On-Campus Adult and Family Programs

Please read in its entirety; then sign and date below.

Tuition

Tuition is per person and based on shared accommodations. Tuition includes accommodations, meals specified, entry fees and permits, and program-related group transportation after your arrival in Cortez, Colorado. Not included in tuition are transportation to and from Cortez, meals not specified, travel insurance, and items of a personal nature.

A \$400 per person deposit is required to confirm your reservation and can be made by check or credit card (American Express, Discover Card, Diners Club, MasterCard, or VISA). Members who donate \$100 or more receive the discounted tuition rate on all programs. For information on becoming a member, please call 800.422.8975, or see "Membership" on this website.

Cancellation and Refund Policies

- Final payment date and cancellation date vary from program to program. All cancellation requests must be made in writing to Crow Canyon Enrollment Manager, 23390 Road K, Cortez, CO 81321-9408, or e-mailed to programs@crowcanyon.org. Cancellations become effective on the date received. The handling fee for cancellation prior to the final payment date is \$200. Cancellation after the final payment date of a program will result in forfeiture of all money paid.
- Failure to pay the final balance by the date due can result in your reservation being canceled.
- Crow Canyon reserves the right to withdraw, without penalty, any announced program (in which case, a full refund of the purchase price will be made) or to make necessary changes to a program or program schedule.
- Crow Canyon is not responsible, in the event of cancellation or alteration of a program, for any airline or other commercial transportation cancellation penalty incurred by purchasing a nonrefundable or restricted ticket. Please contact us about program status before making your travel arrangements.
- No refund will be made if a participant leaves a program in progress.
- To secure reservations for a program for which the final payment date has passed, full payment by credit card is required at the time of your reservation. Last-minute reservations are subject to space availability and may require the payment of late fees.
- A \$50 fee will be charged for transferring from one program to another on a one-time basis. The transfer can be made to a program in the current or following year, but is not allowed within 90 days of the beginning of the program you are transferring to.

- Additional terms and conditions may apply to some programs; these will be provided with pre-program mailings.

Program Minimums

A minimum number of participants is required for each program. If this minimum is not reached by the final payment date, you may select another program or receive a full refund.

Travel Insurance

We strongly recommend that you purchase travel insurance for your Crow Canyon program. Crow Canyon does not sell travel insurance, but there are many providers that offer a variety of plans. Please visit www.insuremytrip.com or call 1.800.487.4722 to find out more and purchase a plan that meets your needs.

Accommodations

For adult and family programs, we provide shared accommodations in comfortable, Navajo-style log cabins ("hogans"). Private rooms are not available and, depending on enrollment, couples enrolled in adult programs might not be housed together. Families are housed together during Family Archaeology Week. Shared, modern shower and toilet facilities are located in a separate building adjacent to the hogans. You will need to provide your own bedding and towels.

Health & Safety

Your health and safety during your Crow Canyon program are our first concerns. You must be in good physical and mental health. Program descriptions include details on the activities that are included in each program; if you have any doubt about your ability to participate in a Crow Canyon program, please contact us before registering. Any physical condition requiring special attention, diet, or treatment must be reported at the time of registration. Crow Canyon reserves the right to decline acceptance of any participant based on health concerns or considerations.

My signature below indicates that I have read, understood, and will abide by these Terms and Conditions as they apply to me and, if enrolled in Family Archaeology Week, any minor children who accompany me.

Adult Participant #1 (print) _____

Signature _____

Date: _____

Adult Participant #2 (print) _____

Signature _____

Date: _____