**THE GEOLOGICAL ASSOCIATION OF NEW JERSEY**

**RELEASE AND HOLD HARMLESS WAIVER**

I, the undersigned, having been fully advised as to the nature and possible dangers of the field trip, “Revisiting the Sterling Hill Orebody in the 21st Century.” on October 17th and 18th, 2025, which is sponsored by THE GEOLOGICAL ASSOCIATION OF NEW JERSEY, do hereby assume any and all risks involved in connection with the trip, and do hereby save and hold harmless THE GEOLOGICAL ASSOCIATION OF NEW JERSEY, ITS OFFICERS, REPRESENTATIVES, AGENTS, OR MEMBERS; and the OWNERS of the properties and their AGENTS; from all claims, losses and damages (including attorney’s fees and any costs involved because of said claim), on account of injury, death, property damage, inconvenience or loss of money due to delays that arise, by reason of my participation in the field trip. I understand that my use of alcohol or drugs would impair my judgment and coordination and will hold the above stated organizations and individuals harmless from claims arising from the use of either. I understand that I am solely responsible for carrying my own life and health insurance. I grant THE GEOLOGICAL ASSOCIATION OF NEW JERSEY permission to use my image (photo) in their publications, web page, and other promotional materials.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**STUDENT VERIFICATION FORM**

The student registration rate is for full **or part-time** students at any level. The following form must be signed by an appropriate faculty, teacher, or administrator from the school you are attending.

This is to certify that: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is a student at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifier’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_