RELEASE AND PERMIT TO ENTER

This document must be signed by all adult (18 years and older) participants that visit the Rowan University Fossil Park. If the participant is a minor, at least one parent or legal guardian must sign, as evidence of the parent’s or guardian’s agreement to these terms and conditions, for the parent and/or guardian and on behalf of the minor participant. In addition, this document must be signed by school administrative officials, if applicable.

In consideration of being permitted to partake in the activities at the Rowan University Fossil Park, I, an adult participant, or parent/legal guardian of a minor participant (for myself and on behalf of that minor participant) understand, acknowledge and agree as follows:

I acknowledge that my participation in this activity may involve some level of risk and carries with it the potential for serious injury, property loss, and other damages. The risks include, but are not limited to, those caused by terrain, facilities, condition of participants, vehicular traffic, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I WAIVE, RELEASE AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my personal injury, property damage, damages, or actions of any kind which may hereafter occur to me including my traveling to and from the Rowan University Fossil Park, THE FOLLOWING ENTITIES OR PERSONS: Rowan University, the State of New Jersey, and the Township of Mantua and/or their presidents, mayors, directors, trustees, officers, faculty, employees, organizers, volunteers, representatives, agents, the activity holders and sponsors;

I AGREE TO INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of the released or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this activity.

The undersigned further authorizes Rowan University and the Township of Mantua and their agents and assigns to use, reproduce and publish photographs/video/audio that may depict my image, likeness and voice without compensation. The undersigned understands that this material may be used in various publications, public affairs releases and for all other legitimate purposes. This material may also appear on Rowan University and the Township of Mantua’s webpage.
The undersigned further agrees not to damage any property or leave litter. The undersigned also agrees that any paleontological find is the property of Rowan University.

The Release and Permit to Enter Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT OF MY OWN FREE WILL.

Name of Visitor (Please Print): _________________________
(If under 18 years old, Parent or Guardian must also sign.)

Name of Visitor’s Parent or Legal Guardian (Please Print): _________________________

Signature of Visitor: _________________________

Signature of Visitor’s Parent or Legal Guardian: _________________________

Name of Administrative Official of School/Organization Visiting (Please Print): _________________________

Signature of Administrative Official of School/Organization Official: _________________________

Date: _________________________