



email : [emc2016@newaurameeting.it](mailto:emc2016@newaurameeting.it)

Please read carefully before signing: Consider that you are assuming both physical and legal risks which have potential financial implications for yourself and/or your family should you be injured or killed while participating in any emc2016activity.

I, \_\_\_\_\_ (Print Name), agree to participate in various activities offered by the European Mineralogical Conference 2016 (herein called "emc2016"), for educational purposes.

THEREFORE; IN CONSIDERATION OF THE ABOVE

I hereby release the emc2016, its agents, volunteers and employees from all liabilities, claims, demands, actions and causes of action of any nature whatsoever arising from, or related to, any damage of any nature whatsoever, including but not limited to the following: damage, loss, theft or destruction of property of any injury, including death, that I may sustain, to whatever extent arising from, but notwithstanding that such damage, theft or destruction of property, injury, death or result from the negligence of the emc2016, its agents, volunteers or employees while attending, participating in or travelling to and from said events or activities.

I, further state and affirm that I am aware of the fact that the aforesaid trip(s) and travel, even under the safest conditions possible, may be hazardous; that I am in proper physical condition and health to participate in such activities or events. I also state and affirm that I am aware that participating could, in some circumstances, result in physical injury and/or death. I have a health and accident insurance for abroad activities and will provide the field trip guide with the necessary information at the beginning of the field trip. I understand the risks associated with these activities and the need to follow the instructions and precautions given by the activity supervisors. The latter include the wearing of safety belts in vehicles and floatation devices in water crafts, the use of approved eye protection when hammering and the wearing of safety vests when working on roadsides. I am competent to sign this PARTICIPATION "WAIVER OF CLAIMS" AND "RELEASE FROM LIABILITY" FORM and I understand all the provisions herein contained. I am aware and agree that this release shall be binding upon my heirs, estate trustees, successors and assigns.

DATE: \_\_\_\_\_ PARTICIPANT'S SIGNATURE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_

NAMES AND TELEPHONE NUMERS OF TWO PEOPLE TO CONTACT IN CASE OF EMERGENCY.

1) \_\_\_\_\_

2) \_\_\_\_\_