

**Maritime Archaeological Society**

**COMPLETE LIABILITY RELEASE FOR ARCHAEOLOGICAL FIELDWORK**

1. I, \_\_\_\_\_, UNDERSTAND THE PURPOSE OF SIGNING THIS DOCUMENT IS TO EXEMPT AND RELEASE THE MARITIME ARCHAEOLOGICAL SOCIETY, AND ITS PRINCIPALS, EMPLOYEES, AGENTS AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITIES ARISING AS A CONSEQUENCE OF THE FOLLOWING, OR ANY OTHER ACTS OR OMISSIONS ON THEIR PART.
2. I understand that archaeological fieldwork has inherent risks and dangers associated including, but not limited to, equipment failure and acts of fellow volunteers, and I specifically assume such risks.
3. I acknowledge that I am physically fit to engage in archaeological fieldwork. I will not hold any of the above named entities responsible if I am injured or have any illnesses or medical problem, which occurs while I am conducting archaeological fieldwork.
4. I will be present at and attentive to the safety briefing given on site and if there is anything that I do not understand or have been taught differently, I will request clarification immediately.
5. I fully understand and am aware that the site location is equipped with only first aid supplies and that in the event of illness or injury appropriate medical help must be summoned and that treatment will be delayed until I can be transported to a proper medical care facility.
6. I VOLUNTARILY ASSUME ALL RISK IN CONNECTION WITH ARCHAEOLOGICAL FIELDWORK. IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE THE MARITIME ARCHAEOLOGICAL SOCIETY AND ITS PRINCIPALS, EMPLOYEES, AGENTS AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITY FOR ILLNESS OR PERSONAL INJURY, WRONGFUL DEATH OR PROPERTY DAMAGE THAT I MAY SUSTAIN AS A RESULT OF PARTICIPATION IN THE ARCHAEOLOGICAL FIELDWORK PROGRAM INCLUDING NEGLIGENCE OF THE MARITIME ARCHAEOLOGICAL SOCIETY, ITS PRINCIPALS, EMPLOYEES AND AGENTS.

7. I HAVE READ THE FOREGOING IN ITS ENTIRETY AND AGREE TO THE TERMS AND CONDITIONS HEREIN ABOVE SET FORTH ON BEHALF OF MYSELF, MY HEIRS, AND MY PERSONAL REPRESENTATIVES. I FURTHER ACKNOWLEDGE THAT I AM AT LEAST 18 YEARS OF AGE AND AM LEGALLY RESPONSIBLE FOR MAKING DECISIONS ON MY OWN BEHALF.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness: \_\_\_\_\_