LIABILITY RELEASE AND WAIVER

In consideration of being allowed to participate in the archaeology program of Gwinnett Archaeological Research Society and Fort Daniel Foundation, I _____________________________ hereby hold harmless, release and forever discharge the Gwinnett Archaeological Research Society and Fort Daniel Foundation, their respective governing boards, administrators, officers, and/or volunteers from and against any and all claims, demands, costs and expenses, including attorney’s fees, arising out of or in any way connected with any bodily injuries sustained by me by reason of my voluntary participation in archaeological and museum-based field and lab activities.

Because permission to participate in this and any other project effort of the Gwinnett Archaeological Research Society and Fort Daniel Foundation is directly contingent on your agreement to abide by any and all conditions of this signed agreement, failure to sign this liability waiver or abide by the stated conditions will be construed as a denial and/or forfeiture of any and all permissions granted to access or work within the area of the project site.

This document has been signed voluntarily and with full understanding and agreement and is binding upon me, my heirs, successors, and assigns.

Notice: This is an important legal document. Please read before signing and consult a legal advisor should you have any questions regarding the meaning or implications of this document.

Participant’s Name: (Print) ____________________________________________________________

__________________________________________  _________________
Signature                        Date

Parent/Legal Guardian Name: (Print) ____________________________________________________
(required if participant is under age 18)

__________________________________________  _________________
Signature                        Date
MULTIMEDIA RELEASE AND WAIVER FORM

In consideration of being allowed to participate in archaeology programs and projects directed by personnel of Gwinnett Archaeological Research Society/Fort Daniel Foundation, I ______________________________ hereby authorize the use (including that related to instruction, research, publication, and multimedia production) of any and all images, including still photographs, digital imagery, video, film, and audio recordings, taken of me while engaged in any and all project-related activities under the direction of Gwinnett Archaeological Research Society/Fort Daniel Foundation personnel. In so doing I hereby hold harmless, release and forever discharge Gwinnett Archaeological Research Society/Fort Daniel Foundation and their personnel against any and all claims, demands, costs and expenses, including attorney’s fees, arising out of or in any way connected to the use of such images or other multimedia recordings taken of me by reason of my voluntary participation in any and all project-related archaeological and lab activities directed by Gwinnett Archaeological Research Society/Fort Daniel Foundation personnel.

This document has been signed voluntarily and with full understanding and agreement and is binding upon me, my heirs, successors, and assigns. Furthermore, it is understood that should I choose not to have my photo or other recording taken of me while engaged in project-related activities under the direction of Gwinnett Archaeological Research Society/Fort Daniel Foundation personnel, it is my responsibility to submit a request to that effect in writing; and, in any and all circumstances during which such recordings or images are being produced, it is understood that I am to inform the photographer(s) or recorder(s) and other multimedia personnel of such a preference, while at the same time making every effort to avoid inclusion of my image, likeness, and or voice, in any and all audio-visual, photographic, and other project-related recordings resulting from said project or projects.

Notice: This is an important legal document. Please read before signing and consult a legal advisor should you have any questions regarding the meaning or implications of this document.

Participant’s Name: (Print) __________________________________________

__________________________________________  _________________
Signature                 Date

Parent/Legal Guardian Name: (Print) __________________________________________

(If participant is under age 18)

__________________________________________  _________________
Signature                 Date