

San Juan Basin Archaeological Society

a Colorado Nonprofit Corporation



Field Trip Participation Form

Trip Description: _____ Date: _____

Trip Leader(s): _____ Difficulty Rating: _____ Participation Limit: _____

In consideration of being permitted to participate in this SJBAS field trip, I hereby acknowledge, by my signature below, that I am a SJBAS member in good standing, that I have read and agree to abide by the "Acknowledgement of Personal Responsibility and Waiver of Liability for SJBAS Activities" and "Site Visitation Etiquette at Archaeological, Cultural and Historical Sites and Photographic Policies at Sensitive Sites," and that I understand the Field Trip Difficulty Rating and consider myself physically and medically capable of doing the trip.

Participants (signature)	SJBAS member?	Cell Phone Number	Emergency Contact Person	Emergency Phone Number
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