



**MESA PRIETA PETROGLYPH PROJECT  
AGREEMENT FOR SUMMER YOUTH INTERNS  
RELEASE AND DISCHARGE,  
ACCEPTANCE OF RESPONSIBILITY  
AND ACKNOWLEDGMENT OF RISKS**

I, (Parent/guardian) \_\_\_\_\_, residing at \_\_\_\_\_, am eighteen (18) years of age or older. I understand and acknowledge that participating in recording petroglyphs, an activity that my minor child/ward \_\_\_\_\_ is about to engage in voluntarily as a participant/intern, bears certain known risks and unanticipated risks which could result in injury or death of my minor child, to his/her/my property or to other third parties. Among the risks are the following, including but not limited to: (1) use and operation of equipment supplied by any person or entity, including Mesa Prieta Petroglyph Project (MPPP), its Board of Directors, its agents or employees, its agents or employees, necessary for recording of archaeological features in a back country setting; (2) acts of other participants in this activity; (3) weather conditions; (4) contact with plants or animals; (5) my child's/ward's physical condition, or his/her own acts or omissions; (6) conditions of roads, rights of way, trails, ditches or terrain, and accidents connected with their use during participation in the activity; (7) first-aid, emergency treatment or other services rendered; (8) consumption of food and drink; and/or (9) the acts or omissions, negligent in any degree, of MPPP.

Being aware that these activities entail risks, I expressly agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness or disease or damage to my child/ward or to his/her/my property arising from his/her participation in these activities. Participation is purely voluntary; no one is forcing him/her to participate and, with my permission, he/she elects to participate in spite of the risks.

I hereby voluntarily release and forever discharge MPPP, and all other persons from any and all liability, claims, demands, actions or rights or action which are related to, arise out of, or are in any way connected with my child's/ward's participation in these activities, including specifically but not limited to the negligent acts or omissions of MPPP, and all other persons or entities, for any and all injury, death, illness or disease and damage to my child/ward or to his/her/my property. I further agree to hold harmless and indemnify MPPP, and all other persons from all defense costs, including attorney's fees, or from other costs incurred in connection with claims for bodily injury or property damage which he/she/I may negligently or intentionally cause to third parties in the course of this participation. **IN SIGNING THIS DOCUMENT, I FULLY RECOGNIZE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED WHILE MY CHILD/WARD IS ENGAGED IN THIS INTERNSHIP, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST MPPP, ITS DIRECTORS, ITS AGENTS OR EMPLOYEES, OR ANY OTHER AGENT.**

I give my permission to the personnel associated with the Mesa Prieta Petroglyph Project to transport my daughter/son/ward to and from program activities.

I give permission to the personnel associated with the Mesa Prieta Petroglyph Project to release program photos of my daughter/son/ward to program sponsors and news venues covering the summer program and to use them in educational and promotional materials.

I, and my child/ward, recognize that the value of cultural property/artifacts is in its found context as well as content, and disturbing, damaging and/or removing a cultural property is not allowed and is illegal.

(CONTINUED)

I, for myself and for my child/ward, agree not to publish or utilize any images of archaeological features, including petroglyphs, from Mesa Prieta, including on the internet, without the written permission of the Mesa Prieta Petroglyph Project and the respective landowner.

**Safety is of the utmost importance to the program.**

**PARENT/GUARDIAN: Your check mark in this box indicates that your child is mature enough to obey MPPP safety rules, carry and drink water in the field and wear a hat in the field. You are acknowledging that your child will arrive prepared each day and that you understand that your child will not be allowed to participate if they are not prepared with water, a hat, and personal supplies, nor if they fail to comply with the directions of staff and adult mentors.**

**PARENT/GUARDIAN: Your check mark indicates that you have fully disclosed any and all medical, physical, emotional, or other condition, which may affect your child's health or well being, or the well being of others, or affect your child's ability to participate in program activities.**

**Please list any condition (s) here:**

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My signature below indicates that I have read this document, understand it completely and agree to be bound by its terms.

\_\_\_\_\_  
Signature-Youth Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature-Parent/Guardian

\_\_\_\_\_  
Date

My child's health insurance carrier is: \_\_\_\_\_

Group/Policy Number(s): \_\_\_\_\_

In case of an accident, please contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #(s), preferably cell number \_\_\_\_\_