



RELEASE:

**Idaho State University / FARES Foundation**

I, \_\_\_\_\_, for myself, my heirs, successors and assignees, do hereby release, save, and hold harmless, Idaho State University, the State of Idaho and their agents, officers and employees, from any and all claims, causes of action, and liability arising from voluntary participation in an archaeological expedition in Guatemala, from the 6 of July 2025 the end of August 2025 approximately. I recognize that I will be working in rugged, isolated field conditions where the risks include, but are not limited, to injury, disease, and even death, compounded by the difficulties of communication. If I stay in the field past the scheduled class times, this waiver is in full force and effect until I have returned to my country of origin.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

Printed name:

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Student Signature

Date

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Witness Signature

Date:



**RELEASE: FARES**

I, \_\_\_\_\_, for myself, my heirs, successors and assignees, do hereby release, save, and hold harmless, the Foundation for Anthropological Research and Environmental Studies (FARES), their agents, officers, board of Directors, and employees, from any and all claims, causes of action, and liability arising from my voluntary participation in an archeological expedition and scientific investigation in Guatemala, from the 6 day of July 2025 to the end of August, 2025.

approximately. I recognize that I will be working in rugged, isolated field conditions where the risks include, but are not limited, to injury, disease, and even death, compounded by the difficulties of communication. If I stay later than the scheduled class period, this waiver is in full force and effect.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

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Student Signature

Date

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Student Name (printed)

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Witness Name & Signature

Date