

INFORMED CONSENT WAIVER

KA'KABISH ARCHAEOLOGICAL RESEARCH PROJECT (BELIZE)

ASSUMPTION OF RISK:

I am aware that participating in the activities of **archaeological excavation in Belize with the Ka'Kabish Archaeological Research Project, from 17, May 2025, to 21 June, 2025**, has inherent risks and I am aware of the known/reasonably foreseeable risks associated with this activity as identified in the **Risk Management Plan**. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, pertaining to the aforementioned event(s).

TERMS AND CONDITIONS

I, _____, the undersigned, acknowledge that:

1. I am aware of the known/reasonably foreseeable risks associated with this activity as identified in the Risk Management Plan and I consent to assume them;
2. I am aware that I have certain responsibilities as a Participant under the Activity Risk Management Policy and I consent to assume them;
3. I am in a satisfactory state of health to undertake the activity and I have received all of the prescribed immunizations (where required);
4. I am aware that I will need supplementary health insurance and that I am responsible for all of my medical expenses (medical, dental, accident, and travel). I agree to arrange suitable comprehensive medical coverage prior to my departure sufficient to cover medical evacuation, repatriation, personal injury, and public liability coverage. I acknowledge that, although the KARP Director is under no obligation to ensure that I have arranged suitable insurance as per the above conditions, should it become apparent at any time that no such coverage has been arranged, the Director reserves the Right to exclude me from the project and insist upon my departure if I have already arrived in Belize;
5. **I understand that although I am over the age of 18 and of legal age to refuse medical treatment, if at any point my health becomes a concern and I am deemed a danger to myself or others, Dr. Haines, or other senior staff members duly authorised by Dr. Haines to act on her behalf, can demand that I attend a legally authorised medical facility and receive treatment;**
6. I acknowledge that I am solely responsible for arranging and paying for my own transportation to/from Belize, obtaining required visas and travel documents for my participation in international activities, including a passport, which will be valid for six (6) months beyond completion of the Ka'Kabish Archaeological Research Project in Belize;
7. I accept sole responsibility for obtaining adequate insurance coverage for my personal possession in case of damage, theft, or loss throughout the duration of my participation in the Trent/Ka'Kabish Archaeological Research Project in Belize;
8. I will conform to the disciplinary codes and regulation of the country in which the project operates and I take sole responsibility for personal conduct and obeying local laws. I understand that my activities could affect the safety of other of Trent partners. I will not knowingly participate in any activity, including political activity, with might endanger either party;
9. I will comply with safety instructions from activity Supervisors; and
10. I will act in a safe and responsible manner throughout the course of the activity, taking into account instructions received and the welfare of others;
11. I understand that non-archaeological leisure activities undertaken during personal time (after work on site, in the evenings, and on weekends) are done so at my own risk and liability, and that I have the right not to participate in any leisure activity that I am not comfortable with or feel may be a risk;
12. I understand that the fees payable herein are deemed to cover food and accommodation in the Village of Indian Church only, as well as the cost of project-related transportation and research expenses, and the requisite governmental administration fees. I understand that I am responsible for all other expenses of whatever nature. Accordingly, I am responsible for all travel expenses other than those mentioned above (including but not limited to: immunisation fees,

insurance premiums, medical expenses, extraneous beverage and other subsistence costs, laundry charges, personal expenses, including subsistence, incurred away from Indian Church).

- 13. I hereby give Trent University and KAR, its assigns, licensees and legal representatives the irrevocable right to use my name/photograph/image/audio recording/video recording/ and likeness (“My Image”) in all forms and manner including but not limited to publication on Internet Web Sites, broadcasts and any other publications as released to or by Trent University. I understand that Trent University cannot control unauthorized use of My Image by persons not associated with Trent University once My Image has been published. I hereby forever waive any right to inspect or approve any publication of My Image by Trent University and I hereby waive all right of privacy or compensation with I may have in connection with the use of my name, picture, portrait, likeness or voice or any or all of them in or in connection with the production of a motion picture film, television tape, film recording, sound track recording, computer or network distributed computer file, or still photography an any use to which the same or any material therein may be put, applied or adapted by Trent University and KARP, and any of it agencies, i.e., schools, departments, or programs.
- 14. I understand that all discoveries, and research results produced by my participation in the project are the property of the Director and KARP and I have no rights whatsoever over the material and may not use it in any form (including dissemination on the internet where images might be used by others) without the express permission of the Director. I agree to provide the Director with copies (digital and physical) of any works (papers, publications, theses, and illustrations), I produce with the permission of the Director for KARP archives and dissemination as the Director sees fit.

In consideration of Trent University allowing my participation in the activity described in the Risk Management Plan, and other good and valuable consideration, the sufficiency and receipt of which is irrevocably acknowledged, I agree as follows:

- 1. to waive any and all claims that I have or may have in the future against Trent University, its governors, officers, employees, students, agents, volunteers and independent contractors including the project director (Helen R. Haines) project staff members, and graduate students, as well as the Belize Government, officers of the Institute of Archaeology, NICH, (all of whom are hereinafter collectively referred to as the Releasees);
- 2. to release the Releasees from any liability for any loss, damage, death, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my participation in the above noted activity, including, but not limited to, negligence, breach of contract, or breach of any statutory or other duty of care.
- 3. to hold harmless and indemnify the Releasees from any and all liability for any damage to the property of, or personal injury to, any third party, including death, resulting from my participation in the above noted activity and
- 4. that this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.
- 5. that, in entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.
- 6. that I have read and understood this agreement and I am aware that by signing this agreement I am waiving certain legal rights, including the right to sue, which I or my heirs, next of kin, executors, administrators and assigns may have against the Releasees.

Please note: If the participant is under the age of 18 years, this informed consent form must be signed by their parent or legal guardian. This section is not required to be signed by university employees or students undertaking an activity that is mandatory for academic credit.

Signed this _____ day of _____, 20_____.

SIGNATURE OF PARTICIPANT

SIGNATURE OF WITNESS

This agreement must be completed in full, signed, dated, and witnessed before the participant may participate in the Ka’Kabish Archaeological Project (KARP), Belize.