

Wavier of Liability for the

Midwest Institute of Geoscience and Engineering's 2025 Annual Field Trip

Activity Waiver Form

Please write legibly where "print" appears below the line.

THIS ACTIVITY WAIVER FORM (this "Waiver") dated this 30th day of August, 2025 and valid through the end of the 2nd of September, 2025.

IN CONSIDERATION of being allowed to participate in the Activity and other good and valuable consideration, the receipt of which is hereby acknowledged, I _____

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(the "Participant") agree with Midwest Institute of Geosciences and Engineering (MIGE) of 4125 Mississippi St, Hobart, IN 46342, USA (the "Activity Provider") to the following:

DETAILS OF ACTIVITY

Scheduled for August 30, 2025 through the 2nd of September, 2025, the Participant will be participating in the following activity: geological field trip (the "Activity") provided by the Activity Provider.

CONSIDERATION

Being of lawful age and in consideration of being permitted to participate in the Activity, the Participant releases and forever discharges the Activity Provider, its owners, directors, officers, employees, agents, assigns, legal representatives, and successors from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims, and demands for or by reason of any injury to person or property, including injury resulting in the death of the Participant, which has been or may be sustained as a consequence of the Participant's participation in the Activity, and notwithstanding that such damage, loss, or injury may have been caused solely or partly by the negligence of the Activity Provider.

The Participant acknowledges that this Waiver is given with the express intention of effecting the extinguishment of certain obligations owed to the Participant by the Activity Provider, and with the intention of binding the Participant's spouse, heirs, executors, administrators, legal representatives, and assigns.

The Participant acknowledges to the Activity Provider that the Participant does not have any physical limitations, medical ailments, or physical or mental disabilities that would limit or prevent the Participant from participating in the Activity. If required, the Participant will obtain a medical examination and clearance.

The Participant acknowledges and agrees with the Activity Provider that: (1) the Activity Provider has given the Participant sufficient time to carefully read this Waiver, (2) the Participant has been given the opportunity and has been encouraged to seek independent legal advice prior to signing this Waiver, (3) the Participant fully understands the risks and claims that the Participant is waiving to participate in the Activity, (4) the Participant is freely and voluntarily executing this Waiver, and (5) the Participant is forever prevented from suing or

otherwise claiming against the Activity Provider for any property loss or personal injury that the Participant may sustain while participating in or preparing for the Activity.

The Participant has been given a Health and Safety Plan (HASP) and has been made fully aware of the physical requirements and possibility of inclement weather, and biological hazards.

This Waiver will be governed by and construed in accordance with the laws of the State of Wisconsin.

EMERGENCY CONTACT OF PARTICIPANT

Name: _____
Print

Complete contact phone: _____
Print and include area code

IN WITNESS WHEREOF the Participant has duly affixed their signature on this 30th day of August, 2025.

Signature (Participant)

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Signature (Witness)