

**Jasper Ridge Biological Preserve  
Stanford University  
Stanford, CA 94305-5020**

**PERMISSION TO ENTER AND  
ASSUMPTION OF RISK, INDEMNITY AND WAIVER FORM**

**To be signed by any person (or parent/guardian of if applicant is a minor) who is not a registered student or current employee of Stanford University who wishes to enter Jasper Ridge Biological Preserve (“Jasper Ridge”).**

**Please sign, date, and return to Jasper Ridge representative.**

In consideration of Stanford University granting me permission to enter Jasper Ridge I agree as follows:

1. I hereby agree to indemnify, defend, and hold harmless Stanford University, its employees, agents, officers, and trustees, against all claims of liability, loss, damage, or death relating either to persons or to property arising in any way out of my entry into or presence upon (including the entry or presence of anyone accompanying me) the Jasper Ridge Biological Preserve, except for any such claim arising solely from the negligence of Stanford University, its employees, agents, officers or trustees.
2. I hereby waive all claims against Stanford University, its employees, agents, officers, or trustees, for any damage, injury or death relating to persons or to property arising out of my entry into the Jasper Ridge Biological Preserve.
3. I hereby agree to abide requirements to confine activities to designated roads and trails and to be at all times accompanied by a designated representative of Jasper Ridge Biological Preserve.
4. I hereby agree to comply with any federal, state and local statutes applying to all procedures I follow while in the Jasper Ridge Biological Preserve.
5. I understand that Stanford may revoke permission to enter at any time, without advance notice, irrespective of my prior expense or labor, and that in no event will I be entitled to any reimbursement for expense or labor from Stanford University.
6. I hereby agree to return all keys and Permits to Enter the Jasper Ridge Biological Preserve within forty-eight (48) hours of any expiration date printed on a permit, or of receipt of notice of revocation.
7. I hereby agree that permission to Enter is valid only for myself and is not transferable to another individual.
8. I understand there are health and safety risks associated with natural environments and field work, including, but not limited to, sun exposure, vector-borne diseases, insect bites, snakes, mammals, allergenic plants, scratches, bruises, eye injury, joint or back injuries, paralysis and death. I understand that certain of these risks are inherent and cannot be eliminated regardless of the care taken and I agree to assume these risks. I understand that some risks can be mitigated and I understand that I am responsible for having appropriate clothing, footwear, sun protection, insect repellent, and water. I am also responsible for taking adequate precautions regarding pre-existing conditions or allergies, such as allergies to bee stings, and I will inform Jasper Ridge personnel of relevant pre-existing risk factors.

PRINTED NAME OF APPLICANT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

IF APPLICANT IS A MINOR  
PARENT/GUARDIAN NAME \_\_\_\_\_

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