



Emergency contact/health info form for Shoals Marine Laboratory on Appledore Island, Maine

Please complete and bring this form with you to Appledore Island for our Island Coordinator – thanks!

Thank you for taking the time to provide us with your emergency contact, health, and special needs information. This information provided below is intended for your safety and will be used by staff from Shoals Marine Laboratory (SML), Cornell University, and University of New Hampshire only. This information will not be released outside of SML without your written permission. Please print your responses—thank you!

Your full name: _____

Mailing address: _____

Email address: _____

Cell Phone: _____

Emergency contact:

Emergency contact name: _____

Emergency contact cell phone: _____

Emergency contact alternate phone: _____

Food allergies / Dietary restrictions: In this space, please indicate vegetarian, vegan, dairy-free, gluten-free, etc. For food allergies, please be specific (If seafood, what type? If nuts, what kind? If gluten-free, is this an allergy or a preference?). This information will help our kitchen staff best serve your needs!

General health and medical information: Please indicate below any existing or previous medical conditions (physical and / or mental) that may require special attention (e.g. allergies to medications, recent surgery, epilepsy, asthma, handicap, anxiety, depression, etc.). Appledore Island is a remote location, and this information will help our staff best serve your needs and keep you safe.



Cornell University



University of
New Hampshire



**Release and hold harmless form for Shoals Marine Laboratory on Appledore Island, Maine
(For participants 18 years of age or older)**

Please complete and bring this form with you to Appledore Island for our Island Coordinator – thanks!

I Hereby Acknowledge and Agree that my participation in, and my time at Shoals Marine Laboratory on Appledore Island is voluntary and includes inherent risks. I understand that the risks involved may include the use of passenger vehicles. I understand that the risk of traveling to and from the island via water vessel is present. I understand that the island surface is composed mainly of rock of which there may be no set path for walking, and which can be slippery. In addition, I agree that the island, by its nature, is surrounded by water, and as such the chance of injury associated with immersion in water or the hazards of the shoreline are present. I am also aware that there are other risks that may exist and that it is not possible to specifically list every individual risk. However, knowing the material risks and reasonably anticipating, appreciating, and knowing that injuries, illnesses and even death are a possibility, I hereby expressly assume all of the delineated risks associated with my participation in, and my time at Shoals Marine Laboratory on Appledore Island.

I certify that I am in good health and that I have no physical limitations that would preclude my safe participation.

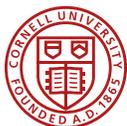
Release/Indemnification - In consideration of my participation in, and my time at Shoals Marine Laboratory on Appledore Island, I, the undersigned, on behalf of myself, my heirs, representatives, executors, administrators and assigns, do hereby release, indemnify, and hold harmless Cornell University and The University of New Hampshire, their Trustees, officers, agents, and employees (collectively Shoals Marine Lab) from any cause of action, claims, or demands of any nature whatsoever, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against Shoals Marine Lab on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my participation in Shoals Marine Laboratory programs, and my time at Appledore Island, whether that participation is supervised or unsupervised, howsoever the injury or damage is caused, other than those injuries resulting from the sole negligence of Shoals Marine Laboratory.

I further certify that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I understand that the terms of this agreement are legally binding and I certify that I am carefully signing this agreement, after having carefully read same, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed, _____.
(date)

Participant signature (date)

Print participant name, and email



Cornell University



University of
New Hampshire

Multimedia agreement and release form for Shoals Marine Laboratory on Appledore Island, Maine

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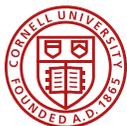
1. I, _____ have been informed and subsequently understand that the Shoals Marine Laboratory (hereinafter referred to as SML), which is a joint partnership between Cornell University and the University of New Hampshire, continuously updates its multimedia products, including, but not limited to: web content, broadcast television, educational productions, and printed promotional materials in which my name, likeness, image, and/or voice may be included.
2. I hereby grant SML and its employees and agents, the right to make, use and publish in whole, or in part, any recorded footage in which my name, likeness, image and/or voice may be included (hereinafter "Recordings") whether recorded on or transferred to videotape, film, slides, photographs, audio tape, digital format, print media or other media now known or hereafter developed. This includes, without limitation, the right to edit, mix, duplicate, use or reuse Recordings as desired without restriction as to changes or alterations.
3. I also grant SML the right to distribute, display, broadcast, exhibit, and market any of said recordings, either alone or as part of its finished productions; for commercial or non-commercial purposes as SML or its employees and agents may determine. This includes the right to use said recordings for promotion or publicizing any of these uses.
4. I understand that I will not be named in the credits of the work, but may be named elsewhere in the work if interviewed directly.
5. I hereby waive any and all rights that I may have to inspect or approve the finished product or printed matter that may be used in connection therewith.
6. I expressly release SML, and all persons acting under its permission or authority, from any claim or liability arising out of or in any way connected with the above uses and representations including any and all claims for defamation or copyright infringement.
7. I am over the age of eighteen, and have read the above release, and fully understand its contents. (Parent/Guardian Signature required if participant/student is under 18 years of age.)

Participant signature _____ (date)

Print participant name, and email _____

Parent/Guardian signature (required if participant is a minor/under 18) _____ (date)

Print Parent/Guardian name, and email (required if participant is a minor/under 18) _____



Cornell University



University of
New Hampshire