



Please print, sign, and bring all four sections of this packet:

1. Checklist (this page)
2. University of Miami Volunteer Agreement Release
3. University of Miami Risk Waiver
4. Curt-A-Sea Aquatic Adventures Waiver

CHECKLIST

Please initial each of these items:

- No participants under 10 years of age are permitted.
- All participants must wear closed toed, rubber-soled shoes that can get wet. Those who do not have proper footwear will not be allowed to participate in the research activities due to safety measures. No exceptions.
- Lunch is provided: sandwich (selection of various lunch meats and cheese, or PB&J), fresh fruit, chips, and cookies. Please bring your own snacks and lunch if you require special dietary accommodations.
- Bring a refillable water bottle. A large cooler of water will be provided for refills.
- No bananas onboard. It is a superstition that bananas are considered bad luck on boats.
- Dress appropriately for the expected weather - rain or shine. A link to the weather report is posted to our tumblr page the week of each trip for guests to check before heading out: <http://lastminutecheck.tumblr.com/>
- Participants who are prone to motion sickness are recommended to take medicine. Bonine offers the least drowsiness.
- RJD has a strict no photo policy. This measure is in place to ensure the safety of participants onboard. If a student or participant is focused on taking a photo, he or she is not focused on everything else around. Attentiveness is key onboard. Fortunately, RJD now provides professional photography free of charge for each trip. A trip photographer will be documenting the day's activities and participants. She/he will be available to take portraits and other specific photos upon request as well. All photos from the RJD Photographer will be posted within 3 days of the trip on the RJD Facebook Page. If you have any questions about this policy or specific trip photos, please contact us at photoRJDunlap@gmail.com.
- Meet at 8:30 AM at 117 El Capitan Drive in Islamorada.
- Park in the vacant lot two properties north of the house. Please park in an organized fashion without blocking the boat ramp or trailers.
- Remain flexible in your afternoon/evening plans on the day of your trip. Return times may fluctuate depending on how many sharks are caught, weather conditions, etc. With that in mind, we do expect to return to the dock between 2-4 PM.



**VOLUNTEER SERVICE
AGREEMENT & RELEASE
Page 1 of 2**

We are pleased that you have decided to volunteer your services to the University of Miami, Department of ECSP/RSMAS/RJ Dunlap or _____ Hospital.

Please affirm your acceptance of the terms of this agreement, stated below, with your signature. Also, please accept our sincere thanks for your valuable contribution to the University of Miami.

I, Dr./Mr./Mrs./Ms. _____
(First name) (Middle initial) (Last name)

in consideration of being allowed to participate in the volunteer service of the University of Miami (the "University") do hereby agree that:

1. I understand and agree that my volunteer service will be from _____ to _____.
(Month/Day/Year) (Month/Day/Year)

At the end of such period, I understand that my volunteer service will cease and I will no longer be permitted access to University facilities.

2. I understand and agree that my volunteer service is in no way an offer of or employment by the University and that I shall not receive, nor be entitled to receive, any compensation, reimbursement or remuneration for my participation in my volunteer service. I further agree to release the University from any and all claims to compensation, reimbursement or remuneration related to my volunteer service. I also understand and agree that at no time will I be considered or deemed to be an agent, servant or employee of the University.

3. I understand that I will be volunteering at a major research university and I therefore agree to act appropriately and in a professional, courteous manner during my volunteer service. I understand and agree that the University may terminate my volunteer service at any time, with or without cause.

4. I understand that during my volunteer service, I may have access to, or may observe, certain information that is proprietary to the University and I hereby agree not to disclose, discuss or reveal any such information to parties outside of the University and to keep any University records or files, confidential. I also agree to keep any information about patients I may observe confidential and not to disclose, discuss or reveal any such information to anyone other than those involved in my volunteer service with me.

5. Depending on the length and nature of my volunteer service, I understand that I may be required to show proof that I have been tested for tuberculosis in the past twelve (12) months.

6. In the event that my volunteer services will be in a department where there may be airborne pathogens, or whose work involves contact with potentially infectious diseases including, but not limited to, HIV, hepatitis or tuberculosis, I hereby agree to assume all risks and responsibilities associated with participation in such an volunteer service. Furthermore, I hereby agree to release, indemnify and hold

(continued)

**VOLUNTEER SERVICE
AGREEMENT & RELEASE
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harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin, may sustain or suffer as a result of or arising out of my contact with such airborne pathogens or infectious diseases, whether caused by the negligence of the University of Miami, persons acting on its behalf or otherwise.

7. In consideration of my being allowed to participate in the volunteer service, I agree to release, indemnify and hold harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of the University of Miami persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I inflict upon any person or upon the University's facilities during my participation in the volunteer service.

8. I understand that as a university volunteer the University of Miami does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am not entitled to employee benefits as a result of my University volunteer affiliation.

9. I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of Florida.

10. I have read and understood this Volunteer Service Agreement and Release and I do voluntarily sign said document of my own accord and as a condition of being allowed to participate with my volunteer service. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.

Print Name

Participant Signature

Date

Provide one copy of this agreement to the university volunteer.
Retain this agreement for seven years from the end of service.



**VOLUNTEER SERVICE
PARENTAL CONSENT**

Required for participants under 18 years of age

By signing below, I _____, hereby attest to the following:

1. I am the legal guardian of _____, who is under eighteen years of age, and has my permission to participate as a volunteer from _____ to _____ at the Department of _____ at the University of Miami, according to the duties described in her/her Volunteer Service Application which I have read and signed.

2. In consideration of allowing him/her to participate in the volunteer service, I agree to release, indemnify and hold harmless the University of Miami, including its present and former Trustees, officers, directors, faculty, employees, agents and Participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which he/she, I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of the University of Miami persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that he/she inflicts upon any person or upon the University's facilities during his/her participation in the volunteer service.

3. I understand that as a university volunteer the University of Miami does not provide him/her with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by him/her and me. Further, I understand that he/she is neither covered by Workmen's Compensation nor entitled to employee benefits as a result of his/her university volunteer affiliation.

4. I have read and understood this Volunteer Service Agreement and Release and I do voluntarily sign said document of my own accord.

Print Name

Signature of Legal Guardian

Date

Print the full name and address of a person who can be reached between the hours of 8:30 a.m. and 5:00 p.m. in case of emergency.

Print Name

Relationship

Address

Phone Number

Provide one copy of this agreement to the university volunteer.
Retain this agreement for seven years from end of service.

**UNIVERSITY OF MIAMI & R.J. Dunlap Marine Conservation Program:
Appearance Release & Personal Injury Liability Waiver**

For good and valuable consideration, receipt of which is hereby acknowledged, I authorize THE UNIVERSITY OF MIAMI, THE ROSENSTIEL SCHOOL OF MARINE & ATMOSPHERIC SCIENCE, THE R.J. DUNLAP MARINE CONSERVATION PROGRAM, THE SOUTH FLORIDA STUDENT SHARK PROGRAM, SLATE ATLANTIS DIVE CENTER, BSA SEABASE, CURT-A-SEA FISHING CHARTERS, THE LEONARD & JAYNE ABESS CENTER FOR ECOSYSTEM SCIENCE & POLICY, SURPRISE LLC, CURT-A-SEA FISHING CHARTERS, CURT-A-SEA ADVENTURES, BILLFISH FOUNDATION, and NEIL HAMMERSCHLAG and their respective partners, affiliates, parents, subsidiaries, licensees, funders, vendors, staff, donors, successors and assigns to make use of my appearance in future video footage or photographs for professional use.

I agree that you, as well as other third parties that you authorize in your sole and absolute discretion, may tape and photograph me, and record my voice, conversation and sounds, including any performance of any musical composition(s), during and in connection with my appearance and that you shall be the exclusive owner of the results and proceeds of such taping, photography and recording with the right, throughout the world, an unlimited number of times in perpetuity, to copyright and to use all or any portion thereof or of a reproduction thereof in connection with the University of Miami, the South Florida Student Shark Program, and the R.J. Dunlap Marine Conservation Program (hereafter the Programs) or otherwise. I further agree that you may use and license others to use my name, voice, likeness and any biographical material concerning me which I may provide, in any and all media and in the promotion, advertising, sale, publicizing and exploitation of the Programs throughout the world in all media, an unlimited number of times in perpetuity. I further represent that any statements made by me during my appearance are true, to the best of my knowledge, and that neither they nor my appearance will violate or infringe upon the rights of any third party. I hereby waive any right of inspection or approval of my appearance or the uses to which such appearance may be put. I acknowledge that you will rely on this permission potentially, at substantial cost to you and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted hereunder.

In addition, I acknowledge that the services being rendered in connection with the Programs are inherently dangerous. I voluntarily assume any and all risks (including but not limited to boating-related accidents, risk from bad weather, injury from marine organisms, sunburn, drowning, insect bites, dehydration, injury from moving equipment, injury from fishing equipment, handling of chemicals, consumption of food, and any personal health issues), known or unknown, associated with the services. I shall assume responsibility for obtaining all desired personal insurance coverage for myself (such as disability from personal injury, life insurance, personal property insurance, etc.). I represent that I routinely engage in services of the nature contemplated herein and I hereby agree to defend, indemnify and hold harmless and to voluntarily release, discharge, waive and relinquish any and all actions or causes of action against THE UNIVERSITY OF MIAMI, THE ROSENSTIEL SCHOOL OF MARINE & ATMOSPHERIC SCIENCE, THE R.J. DUNLAP MARINE CONSERVATION PROGRAM, THE SOUTH FLORIDA STUDENT SHARK PROGRAM, NOAA LIVING MARINE RESEROUCES COOPERATIVE SCIENCE CENTER, BSA SEABASE, CURT-A-SEA FISHING CHARTERS, THE LEONARD & JAYNE ABESS CENTER FOR ECOSYSTEM SCIENCE & POLICY, and NEIL HAMMERSCHLAG and their partners, affiliates, subsidiaries, parents, successors, trustees, directors, officers, agents, employees, students, interns, volunteers, directors, coordinators, funders, donors, vendors, charters and licensees (collectively, the "Indemnified Parties") from any and all claims, demands, liabilities (including, but not limited to, personal injury, property damage and wrongful death) resulting in any manner from my services or otherwise.

(Please Print) Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Printed Name of Parent _____
(or guardian, if Under 18)

Signature

Date

Signature

Date



Travel and Excursions LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm I am voluntarily engaging in the recreational
Participant Name
activities planned for my trip to _____, which activities
may include, but are not limited to, scuba diving, snorkeling, boating and _____. If I
engage in scuba diving, I affirm that I am a certified diver or a student diver under the control and supervision of a certified
scuba instructor, and that I am aware that skin and scuba diving have inherent risks which may result in serious injury or
death. I certify that I am fully aware of and expressly assume all risks involved in scuba diving, snorkeling, boating and
_____.

I understand and agree that neither **Curt-A-Sea Fishing Charters, Inc. dba Curt-A-Sea Aquatic Adventures**, nor
International PADI, Inc. nor its affiliate or subsidiary corporations, nor the owners, officers, employees, agents, contractors
or assigns of the above listed entities (hereinafter referred to as "Released Parties") may be held liable or responsible in
any way for any injury, death or other damages to me my family, estate, heirs or assigns that may occur as a result of my
participation in this trip or as a result of the negligence of any party, including the Released Parties, whether passive or
active.

I further state that I am of lawful age and legally competent to sign this Liability Release Agreement, or that I have
obtained the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere
recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my
legal rights. I further agree that if any provision of this agreement is found to be unenforceable or invalid, that provision
shall be severed from this agreement. The remainder of this agreement will then be construed as though the
unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs,
assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the
authority to do so and that my heirs, assigns, or beneficiaries will be stopped from claiming otherwise because of my
representations to the Released Parties.

I, _____, BY THIS INSTRUMENT, AGREE TO EXEMPT AND
Participant Name
RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT,
FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL
DEATH, HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE OF
THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND
ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY
HEIRS.

Participant Signature

Date (Day/Month/Year)

Signature of Parent of Guardian (where applicable)

Date (Day/Month/Year)