University of Rhode Island Confidential Release and Consent Form

ALL MEMBERS OF THE RV ENDEAVOR SCIENCE PARTY COMPLETE THE FOLLOWING:

_____

Last Name First Name Middle Initial

_____

Employer/Sponsor Address Supervisor Phone

I understand that (1) the University of Rhode Island Graduate School of Oceanography (URI/GSO) supports the Federal "ZERO TOLERANCE POLICY" which strictly enforces the prohibition aboard vessels of illegal drugs (narcotics, marijuana, stimulants or other similar controlled substances) - my violation of this policy could lead to the termination of the voyage and my arrest by Federal authorities; (2) alcoholic beverages, including beer and wine, are prohibited on board at all times: (3) there is no expert medical service on board; (4) Federal Regulations require URI/GSO to request I submit to a drug/alcohol test should I be involved in a "Serious Marine Incident*"; and (5) my failure to submit to this test, if requested, will require URI/GSO to report my name and address to the U.S. Coast Guard and to my parent institution.

_____

Signature of Cruise Participant Date

IF NOT EMPLOYED BY RHODE ISLAND STATE SYSTEM OF HIGHER EDUCATION, COMPLETE THE FOLLOWING:
I, the undersigned, agree to accompany the cruise expedition EN-_____ on the R/V ENDEAVOR beginning on or about _____. I understand that such an expedition, including my operation of ship's equipment necessary or convenient to my research or assigned task, may expose me to certain risks of injury, death, or damage to my property. As a condition of my participation in this cruise expedition and in consideration therefore, I hereby expressly agree and do release, discharge, and hold harmless, the University of Rhode Island and its governing board, the Board of Governors for Higher Education, their officers, employees, board members and agents (URI, etc) from and against any and all claims or liabilities which I might have or claim to have against said URI, etc. for injuries to my person, including death, or property damage arising out of my participation in such an expedition, except for injury, death or damage or damage caused by the gross negligence of said URI, etc. I further agree to indemnify, defend, and hold harmless, the URI, etc., for any injuries or death to any other person caused by my intentional or negligent acts or omissions. I also acknowledge and agree that I am not an employee of the State of Rhode Island, University of Rhode Island, or Board of Governors for Higher Education and will not be compensated by said state, university or board for my participation in said expedition.

_____ _____

Signature of Cruise Participant Date Signature of Witness Date

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE:
The undersigned parent or legal guardian hereby executes the herein above RELEASE AND CONSENT on behalf of his/her minor child for the above cruise expedition.

_____ _____

Signature of Parent or Guardian Date Signature of Witness Date

All information supplied herein is and will remain CONFIDENTIAL