



CRUISE DATE:



Release/Indemnification - In consideration of my transit aboard a chartered Shoals Marine Laboratory vessel, 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 aboard a Shoals Marine Laboratory vessel, 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 certify that I am in good health and that I have no physical limitations that would preclude my safe participation.

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 on _____.
date

Participant signature

date

Print participant name



Cornell University



University of New Hampshire

Shoals Marine Laboratory on Appledore Island, Isles of Shoals, Maine: Dedicated to undergraduate education and research in marine science since 1966

Photographic and Video Consent and Release Form

Thank you for helping us document life here at the N.H. Sea Grant and UNH Cooperative Extension.

By signing this form, I understand and agree that any photographs and video taken of me on this date may be used by New Hampshire Sea Grant/UNH Cooperative Extension for purposes of institutional promotion.

I further agree and consent that my name and identify may be set forth in descriptive text or commentary that may accompany these photographs/videos.

N.H. Sea Grant/UNH Cooperative Extension may use these photographs/videos in various ways, including brochures, magazines, and the World Wide Web. They may also be distributed to other media outlets that are doing stories about N.H. Sea Grant/UNH Cooperative Extension.

These photographs/videos will also become part of the N.H. Sea Grant/UNH Cooperative Extension's archives, and may be used in the future for marketing purposes.

In signing this form, I am waiving any rights I may have to control the use of my identity in the photographs/videos and agreeing that N.H. Sea Grant/UNH Cooperative Extension may use the photographs/video at any time in the future as set forth above without compensation or additional consideration of me.

Print name

date

Signature if over 18 years old

Parent/guardian signature if child is under 18