



RELEASE AND HOLD HARMLESS FORM FOR USER GROUP/VISITING RESEARCHER PARTICIPANTS 18 OR OLDER at the Shoals Marine Laboratory on Appledore Island, Maine.

Please complete and return this form within 10 business days of receiving it from SML:

FAX: (603) 430-5221

eMAIL: shoals-lab-east@cornell.edu

MAIL: Shoals Marine Laboratory, 400 Little Harbor Road, Portsmouth, NH 03801

I HEREBY ACKNOWLEDGE AND AGREE that my participation in, and my time at Shoals Marine Laboratory on Appledore Island have inherent risks. 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.

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 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, this ___ day of _____, 2011.

Participant signature

(date)

Print participant name