

## SCIENTIST FOR A DAY- VOLUNTEER FORM

<b>Project Name</b>	<b>Team Date</b>
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### CONTACT DETAILS

<b>First name</b>	<b>Family name</b>	<b>Gender</b>	<input type="checkbox"/> M <input type="checkbox"/> F
<b>Postal Address</b>	<input type="checkbox"/> Home <input type="checkbox"/> Work	<b>Suburb/Town</b>	
<b>State</b>	<b>Postcode</b>	<b>Phone</b>	<b>Mobile</b>
<b>Email Address</b>			<b>Date of Birth</b>

### HEALTH INFORMATION- Please tick any that apply to you and explain where possible:

<b>Do you have any issues concerning weight or physical fitness?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Please explain:			
<input type="checkbox"/> Epilepsy /seizures	<input type="checkbox"/> Heart condition	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Diabetes/Hypoglycaemia
<input type="checkbox"/> Psychiatric condition <input type="checkbox"/> Require walking aid(s)			
<input type="checkbox"/> Asthma: How severe?	How is it managed?:	last episodes	
<input type="checkbox"/> Other (please name):			
<b>If ticked any of the above please let us know if these conditions create any restrictions to physical activity or day to day concerns:</b>			
<b>Are you taking any prescription/non-prescription medications that you would like us to be aware of?</b>			
<input type="checkbox"/> Yes please list:			
<b>Do you have any allergies?</b> Please list along with the reaction associated:			
<b>Any special dietary requirements:</b>			

### WATER EXPERIENCE (Turtles in Trouble & Turtles on the Move)

<b>Can you swim?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, with difficulty <input type="checkbox"/> Not at all	<b>Are you comfortable on boats?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### EMERGENCY DETAILS

If travelling less than 50km from place of residence to the project site, please note the insurance cover provided by Earthwatch is limited. It is recommended that participants have up to date Ambulance and Health Insurance, as any incidents that can't be claimed under Medicare (e.g. call out for ambulance, hospital treatment and overnight stay) will be at the participants own expense or, covered by their own private medical insurance. Please refer to the briefing for further information.

### EMERGENCY CONTACT (someone who is not on the expedition with you)

<b>First Name</b>	<b>Surname</b>	<b>Relationship to You</b>
<b>Best Contact Number</b>	<b>Alternate Contact Number</b>	

### PRIVACY STATEMENT AND AUTHORITY

At Earthwatch we value your privacy. From 21 December 2001 we are bound by the *Privacy Act 1988 (Cth)* when we collect and handle your personal information.

This Privacy Statement & Authority covers information we collect from you including:

- I. Personal and Emergency Contact information
- II. Liability release
- III. Program evaluation form

and any other information we may collect from you in the course of our relationship with you.

We limit the use and disclosure of any personal information provided to the specific purpose for which it was obtained. This includes all information pertaining to emergency contacts.

**Permission to release your image:** Signing this forms gives consent to Earthwatch to use any photograph/video which may be taken of you during the project in Earthwatch literature, or release those photographs/footage to members of the press or other media interested in reporting on the project.

By signing this form you authorise Earthwatch to collect, use and disclose your personal information for the purpose of organising your time on the designated project. You also give express authority for Earthwatch to, where applicable, collect, use and disclose your personal information that amounts to sensitive information (i.e. Health Information) under the Act, as required to provide and manage the relevant product or service.

I understand and agree to the above (please tick & sign)  YES  NO

<b>Volunteer Signature</b>	<b>Date</b>
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## LIABILITY RELEASE

Earthwatch Australia and the Principal Scientist (whom together with Earthwatch shall be collectively referred to as the "Earthwatch Expedition Team") undertake logistical planning and preparation for the expeditions to tailor them to meet the research needs of the Principal Scientist. The expeditions involve conditions, described below and in the Expedition Briefing, which must be considered before undertaking a volunteer position.

Volunteers will experience one or more of the following: climate, terrain and temperature extremes, data gathering, physical work, odd hours, frequent moves, delays, frustrations, surprises and potential hazards. These potential hazards include (but are not limited to) transport difficulties, strikes, sickness, local regulations, weather conditions, natural disasters, wildlife behaviour and movements and other unforeseeable events. Volunteers must accept that any of these factors can and do occur and may cause changes, delays or other effects.

### **VOLUNTEER DECLARATION AND ASSENT TO VOLUNTEER RESPONSIBILITIES**

I understand the requirements for Earthwatch expeditions. I have received and read my Expedition Briefing which describes the risks inherent to the expedition that I am embarking on and understand the risks the Expedition Briefing describes and those described in this Liability Release. I have read and understood the policies, rights and responsibilities enumerated in the document entitled Earthwatch Institute Policies and Volunteer Rights and Responsibilities. I accept the policies described in this document as a condition of my membership on an Earthwatch expedition team, I agree to abide by the Earthwatch policies and I accept the consequences described for violations of the policies. By signing below I agree to participate in the expedition's activities under the terms and conditions described in this Liability Release.

I acknowledge that Earthwatch may refuse to permit me to join an expedition on the basis of the information provided on this form if it is deemed that the conditions and activities of the project do not match my ability or fitness.

### **THIS IS A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS**

I declare that I am in good health, and, in consideration of the Earthwatch Expedition Team accepting me as a Volunteer, understand and agree to the above on behalf of myself, my heirs, executors, successors, and/or assigns:

1. understand and agree that the Earthwatch Expedition Team only accepts liability to the extent any injury, loss or damage is caused by the Earthwatch Expedition Team's failure to provide the services with due care and skill and reasonably fit for the purposes for which they are supplied. If the Earthwatch Expedition Team does fail to provide the services with due care and skill or reasonably fit for the purposes for which they are supplied, the Earthwatch Expedition Team limits its liability to refunding any amount paid by the Volunteer to go on the expedition or providing another similar expedition;
2. release and agree not to sue each of the Earthwatch Expedition Team, their employees, agents, affiliates, scientific staff from and in relation to any and all liabilities they may jointly or severally incur to me, my heirs, executors, administrators, successors and or assigns, in respect of any claim, suit, or cause of action (including negligence), including legal fees and expenses of litigation, on account of any personal injury, loss of health, financial loss or damage to property, except to the extent that such liability is accepted under paragraph 1 above;
3. indemnify each of the Earthwatch Expedition Team, their employees, agents, affiliates, scientific staff in relation to any and all liabilities they may jointly or severally incur, in respect of any claim, suit, or cause of action (including negligence) including legal fees and expenses of litigation, on account of any personal injury, loss of health, financial loss or damage to property, caused or contributed to by me, except to the extent the liability arises under legislation requiring any one or more of the Earthwatch Expedition Team to assume the liability;
4. agree, the Earthwatch Expedition Team is not responsible or liable for acts or omissions of third parties, including but not limited to cooperating institutions or other Volunteers, (unless legislation operates to make the Earthwatch Expedition Team liable for the actions or omissions of the other Volunteers, in the relevant circumstances).

The jurisdiction and law applicable to any dispute I may have with the Earthwatch Expedition Team is that of Victoria, Australia and I submit to the exclusive jurisdiction of the courts of Victoria, Australia.

**CONSENT**

**I WARRANT THAT I AM 18 YEARS OF AGE OR OVER AND I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY [SIGNED/AGREED TO] THIS DOCUMENT. I UNDERSTAND I AM SURRENDERING CERTAIN LEGAL RIGHTS. I AGREE TO THE TERMS AND CONDITIONS IN THIS DOCUMENT INCLUDING THE MANNER IN WHICH EARTHWATCH COLLECTS, HOLDS, USES AND DISCLOSES MY PERSONAL (INCLUDING SENSITIVE) INFORMATION.**

**IF I AM UNDER 18 YEARS OF AGE, I WARRANT THAT I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY [SIGNED/AGREED TO] THIS DOCUMENT. I AGREE TO THE TERMS AND CONDITIONS IN THIS DOCUMENT INCLUDING THE MANNER IN WHICH EARTHWATCH COLLECTS, HOLDS, USES AND DISCLOSES MY PERSONAL (INCLUDING SENSITIVE) INFORMATION. I HAVE ALSO SHOWN THIS DOCUMENT TO MY GUARDIAN NOMINATED BELOW.**



_____	_____	_____
<i>Participant Name</i>	<i>Date of Birth and Age</i>	<i>Country of Residence</i>
_____	_____	_____
<i>Mobile Phone Number</i>	<i>Email Address</i>	<i>Name and Phone Number of Emergency Contact</i>

*(The below is only to be completed if the participant is under 18 years of age)*

**I WARRANT THAT I AM THE GUARDIAN OF THE PARTICIPANT NOMINATED ABOVE AND I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY [SIGNED/AGREED TO] THIS DOCUMENT ON BEHALF OF THE PARTICIPANT. I AGREE TO THE TERMS AND CONDITIONS IN THIS DOCUMENT ON BEHALF OF THE PARTICIPANT INCLUDING THE MANNER IN WHICH EARTHWATCH INSTITUTE (AUSTRALIA) COLLECTS, HOLDS, USES AND DISCLOSES THE PARTICIPANT'S PERSONAL (INCLUDING SENSITIVE) INFORMATION.**

_____	_____	_____
Name of Parent/Guardian (if Participant is under 18 years of age)	Signature of Parent/Guardian (if Participant is under 18 years of age)	Date (dd/mm/yyyy)

**EARTHWATCH EXPEDITION TEAM DECLARATION:**

The Earthwatch Expedition Team, reserves the right to refuse the services of any Volunteer at any time, and to terminate any work being done by a Volunteer and require the Volunteer to vacate the project site if any of the Earthwatch Expedition Team in his or her absolute discretion considers it appropriate. In this event, the Volunteer will be responsible for arranging any accommodation, travel or other arrangements which may be necessary following the termination of a Volunteer's involvement in a project, for whatever reason.