

Earthwatch Participation Form

This form is a vital part of signing up to be a participant on an Earthwatch project.

Please read all instructions below carefully before completing your form:

- In addition to this form, you must also complete the **Earthwatch Travel Form**, and read the **Earthwatch Participant Rights and Responsibilities Document**.
- Complete all forms in full and return them to Earthwatch by the deadline stated in your confirmation email.
- Fill in every applicable field with as much detail as possible, otherwise we will need to contact you for clarification.
- Earthwatch reserves the right to request the signature of your doctor.

HOW TO COMPLETE USING ADOBE ACROBAT READER	1. Save a copy of the form to your computer <i>before you begin</i> , and complete using saved version.	2. Complete form using Adobe Reader and print out to accommodate required signature (s).	3. Scan and Email completed form to Earthwatch (preferred). You may also Fax or send by Mail.	<i>Note: You can also print the blank form and complete by hand before sending back to Earthwatch. (Please be sure to write clearly.)</i>
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- **Are you under the age of 18?** IF YES, you must complete and return the Earthwatch Participation Form: Teens. *A parent or legal guardian must also sign the form.*
- **Are you participating on a SCUBA expedition?** IF YES, please fill out the Earthwatch Participation Form: SCUBA *(Requires doctor's signature).*
- **Are you participating on a snorkelling expedition?** IF YES, you must also fill out the Doctor's Signature page *(Requires doctor's signature).*
- **Are you 80 years old or older?** If you are 80 years old or older, or will be prior to departure for your project, you must also fill out the Doctor's Signature page *(Requires doctor's signature).*

Return this completed form to the Earthwatch office

Earthwatch
 126 Bank St
 South Melbourne, Vic 3205 Australia
 Fax: +61 (0) 3 9686 3652
 Email: earth@earthwatch.org.au

A. Personal Profile

Please confirm the project you will be joining and your personal details.

Project Information

Project title:				
Team number:		Start date: (dd-mm-yyyy)		End date: (dd-mm-yyyy)

Personal Details

First name:			Last name:		
Date of birth: (dd-mm-yyyy)			Gender:	Female <input type="radio"/>	Male <input type="radio"/>
Principal address:					
Country of Residence:			Country of Citizenship/ Nationality:		
Telephone: (incl. country code)			Mobile: (incl. country code)		
Email:			Fax:		
Passport no: Only if travelling internationally		Expiry date: (dd-mm-yyyy)		Place and date of issue:	
Do you have any dietary requirements (e.g. vegetarian, vegan, etc.?)				Yes <input type="radio"/>	No <input type="radio"/>
If yes, please specify:					
T-shirt size (S M L XL XXL):					

Emergency Contacts

You must provide two emergency contacts and check that they will be available while you are on the project. Emergency contacts should not be individuals who are travelling with you.

Name:		Relationship to you:	
Telephone (work): (incl. country code)		Telephone (home): (incl. country code)	
Mobile: (incl. country code)		Email:	

Name:		Relationship to you:	
Telephone (work): (incl. country code)		Telephone (home): (incl. country code)	
Mobile: (incl. country code)		Email:	

Other Relevant Information

<p>Please use this space to tell Earthwatch any other relevant information. For example, what interests you about this project? Have you been on an Earthwatch project before? Do you have any specialised skills to offer? Do you have any concerns with the field conditions outlined in the Briefing document (e.g. weather, cultural differences, accommodation etc.)?</p>

B. Health Declaration and Self-Assessment

- Earthwatch may use the information you provide in this section to assist in the event of a medical emergency in the field. Therefore, **truthful disclosure of medical conditions is essential**. Please include as much detail as possible.
- **It is your responsibility to review the project conditions and physical demands as described in the Briefing document and determine if you are able to safely participate in this program.** Discuss your participation in this program with your doctor if you have a question or concern about your health and/or ability to participate. If you have not received a Briefing document and need one, please contact Earthwatch.
- Truthful disclosure of medical conditions will not necessarily lead to exclusion from a project. If you are in any doubt as to what constitutes information relevant to your participation, please consult Earthwatch.
- Non-disclosure or misrepresentation of any requested information may lead to removal from the project at your own expense and void your insurance coverage.
- Certain pre-existing medical conditions may not be covered by Earthwatch's insurance. This document may be shared with Earthwatch's travel insurers to assist with any potential questions about your participation.
- Earthwatch may need to contact you or your doctor for clarification of the information provided in this form at any time.
- You must alert Earthwatch of any changes to your medical status that occur after submission of this Health Declaration.
- By joining an Earthwatch project, you are authorising the Earthwatch Field Team to consent to medical treatment on your behalf which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician or surgeon or the most qualified medical provider. Medical treatment may include: first aid, administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care. You are further authorising any such medical provider to release information about you or your condition and treatment to Earthwatch, and agreeing to pay for any and all costs associated with such treatment, including the costs of evacuation, if any, that are not covered by insurance.
- *Earthwatch reserves the right to require that a Doctor approve your participation on a project. If you are 80 years old or older, or will be prior to departure for your project, you must also fill out the Doctor's Signature Page (Requires Doctor's Signature).*

Vaccinations: You are responsible for any applicable vaccinations for your particular project. Please check with a doctor, local travel clinic, or the CDC online (www.cdc.gov/travel) for the latest information on travel medicine. Some countries require certificates of vaccination to enter. See your Briefing document for further information relevant to your project.

Height:	cm	Weight:	kg
If under or overweight, by how much?	kg		

Please indicate any condition that you have had within the past five years and/or any condition that requires regular medication, follow up with your doctor or may affect your participation on the project. Provide as much additional detail as possible for any condition you have (use the space provided on page 5 if necessary).

Do you have any allergies (include medications, food, insect stings, etc)?			Yes <input type="radio"/>	No <input type="radio"/>
	Allergy 1	Allergy 2	Allergy 3	
Allergy type				
Date of diagnosis				
Type of reaction & severity				
Treatment required (including any medication which you will have with you during the project)				

Do you have asthma?		Yes <input type="radio"/>	No <input type="radio"/>
Date of diagnosis			
Triggers			
Type of reaction & severity			
Treatment required (including any medication which you will have with you during the project)			

Do you have diabetes/hypoglycaemia?		Yes <input type="radio"/>	No <input type="radio"/>
Type of diabetes			
Date of diagnosis			
How is this condition managed? (Include dietary requirements/restrictions, exercise or other lifestyle adjustments.)			
Medication - which you will have with you during the project (Please note if refrigeration required).			

Do you have a heart condition (including disease, murmur, irregularity)?		Yes <input type="radio"/>	No <input type="radio"/>
Please describe			
Date of diagnosis			
How is this condition managed? (Include any treatments required, dietary requirements/restrictions, exercise or other lifestyle adjustments.)			
Medication - which you will have with you during the project			

Have you been hospitalised or had surgery in the past <i>two</i> years?		Yes <input type="radio"/>	No <input type="radio"/>
Reason for hospitalisation or surgery			
Treatment received			
Date of treatment			
Degree of recovery achieved			
Lasting effects that may impact your participation in the project			

Do you have any acute phobias which might inhibit your participation?		Yes <input type="radio"/>	No <input type="radio"/>
Please describe			
Severity of phobia			
Have you ever been treated by a medical professional?			

Tick all that apply and provide as much detail as possible for any condition you have in the space below:

Anaemia	<input type="checkbox"/>	Epilepsy/seizures	<input type="checkbox"/>	Musculoskeletal conditions (osteoporosis, fibromyalgia, etc.)	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	Mobility issues	<input type="checkbox"/>
Chronic lung conditions	<input type="checkbox"/>	Hepatitis (Active)	<input type="checkbox"/>	Nervous system conditions (multiple sclerosis, Parkinson's, etc.)	<input type="checkbox"/>
Chronic back conditions	<input type="checkbox"/>	Heat and/or cold sensitivity	<input type="checkbox"/>	Orthopaedic problems (sprains, strains or fractures)	<input type="checkbox"/>
Cognitive disorders (Alzheimer, memory loss, dementia, etc)	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Skin conditions	<input type="checkbox"/>
Dizziness/ balance conditions	<input type="checkbox"/>	Immune system conditions	<input type="checkbox"/>	Sleep apnoea	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	Kidney or liver conditions	<input type="checkbox"/>	Stomach/intestinal conditions	<input type="checkbox"/>
Endocrine/thyroid conditions	<input type="checkbox"/>	Migraines/severe headaches	<input type="checkbox"/>	Tuberculosis/exposure to TB	<input type="checkbox"/>

If you have any of the conditions listed, or any other medical conditions not indicated above, please provide as much detail as possible, including **dates of treatment/surgery, severity, and potential effects on your participation. Your form will not be considered complete without this requested information.**

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Mental Health

Have you ever been diagnosed with or been treated for a psychiatric condition such as bipolar disorder or depression? If yes, please provide details:	Yes <input type="radio"/>	No <input type="radio"/>
Have you ever been hospitalised or in residential treatment for psychiatric care? If yes, please provide the dates of hospitalisation/treatment:	Yes <input type="radio"/>	No <input type="radio"/>
May we contact your psychologist/psychiatrist? If yes, please provide name and number below:	Yes <input type="radio"/>	No <input type="radio"/> N/A <input type="radio"/>

Medications

List any prescription or non-prescription medications (other than prescriptions of less than 14 days duration). Include reason for taking it, length of time you have been taking it, and the current dosage. Remember to bring medication with you on the expedition.			Yes <input type="radio"/>	No <input type="radio"/>
Medication:	Reason for taking:	Date started taking:	Current dosage & frequency:	
Please add any additional information:				

Vision and Hearing

Do you have difficulty seeing in low-light conditions or have unusual difficulties seeing at night?	Yes <input type="radio"/>	No <input type="radio"/>
Do you have colour blindness?	Yes <input type="radio"/>	No <input type="radio"/>
Do you have glaucoma, macular degeneration, cataracts or other visual impairment? If yes, please provide details:	Yes <input type="radio"/>	No <input type="radio"/>
Are you hearing impaired? If yes, describe how this could affect your participation:	Yes <input type="radio"/>	No <input type="radio"/>

Current Level of Physical Activity

Complete frequency and time/distance and then click the button that applies to you.

Activity Type	Frequency	Time/distance	Intense	Moderate	Relaxed
Walking			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Stamina	Easily	Moderately well	With difficulty	Not at all
I can walk 1.5km within 20 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can walk 8km within two hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can hike 3 hours over rough terrain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can hike 3 hours with a 15kg pack over rough terrain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you use any walking aids? If yes, please describe (e.g. hiking stick, walking pole, cane, crutches, walker, wheelchair) and reason for need:				Yes <input type="radio"/> No <input type="radio"/>

Swimming Ability

Non-swimmer	<input type="radio"/>	Recreational swimmer	<input type="radio"/>	Strong swimmer	<input type="radio"/>	Current water life-saving certificate	<input type="radio"/>
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Doctor Information

If you have a regular doctor and you give permission for Earthwatch to contact her/him, please provide contact information. This information may be used in the event of an emergency.

We may need to contact you or your doctor for clarification of information provided in this form at any time. Earthwatch may require your doctor to approve participation in certain circumstances.

Doctor's Name:			
Doctor's Address:			
Telephone/Fax:		Email (if available):	

C. Water-Based Projects

If you will be participating in a water-based project or working near water, you must complete this section. Having extra skills may be helpful, but please note that lacking certain skills will not necessarily limit your participation. Please refer to your Briefing document for details.

Please indicate your swimming ability and your comfort level in water										
I can swim:	100m easily	<input type="checkbox"/>	100m with some difficulty	<input type="checkbox"/>	500m easily	<input type="checkbox"/>	500m with some difficulty	<input type="checkbox"/>	I am a trained and certified lifeguard	<input type="checkbox"/>
I am comfortable in:	calm sea conditions	<input type="checkbox"/>	rough sea conditions	<input type="checkbox"/>	in calm rivers	<input type="checkbox"/>	in rapidly flowing rivers	<input type="checkbox"/>	Not at all comfortable	<input type="checkbox"/>

Boat Experience

Participants will not be operating boats unless there is a certified boating instructor on the staff.

Do you have experience with boats?		Yes <input type="radio"/>	No <input type="radio"/>	
Please describe the type and size of boat (include small watercrafts such as canoes and kayaks) and how comfortable you are travelling aboard these vessels:				
Do you experience sea sickness?		Yes <input type="radio"/>	No <input type="radio"/>	Rarely <input type="radio"/>
Please describe your sea sickness: (e.g. vomiting, mild, severe)				
Which medications (if used) do you use for sea sickness?				

Snorkel Experience

If the project you are participating in includes snorkelling as either a required or voluntary portion of activities, please answer the following questions to give us a better understanding of your comfort level and experience. Answering `no` to any of the questions below will not necessarily preclude your participation.

Please describe your snorkelling experience. Include number of times, locations, amount of time in the water and years of experience:				
Do you have concerns about surface diving to at least 4.5 metres and holding your breath for 30 seconds?		Yes <input type="radio"/>	No <input type="radio"/>	I don't know <input type="radio"/>
Have you had problems equalising your inner ear at 4.5 metres when snorkelling in the past?		Yes <input type="radio"/>	No <input type="radio"/>	I don't know <input type="radio"/>
If you answered yes to either question, please explain:				

D. Liability Release, Assumption of Risk and Indemnity Agreement

PLEASE READ CAREFULLY. THE TEXT IN THIS SECTION IS A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS. PLEASE ENSURE YOU COMPLETE ALL DETAILS REQUIRED IN THIS SECTION AND SIGN AND DATE IT.

Earthwatch expeditions are not designed for tourists. Earthwatch Institute Inc. (U.S.), Conservation Education and Research Trust (U.K.), Earthwatch Institute (Australia), Earthwatch Institute Japan, Earthwatch Limited (Hong Kong), Instituto Earthwatch do Brazil, Earthwatch Institute India Trust, Earthwatch Institute Private Limited (India), Earthwatch (Canada), Earthwatch Institute Costa Rica and Earthwatch Institute Inc Beijing Representative Office (collectively referred to as "Earthwatch") and the Principal Investigator or Scientist (the person responsible for leading the project on site) (each of 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 Principal Investigators. The expeditions involve conditions, described below and in the Expedition Briefing, which must be carefully considered before agreeing to become a participant in the expedition ("Participant").

Most field research projects require travel to remote areas of the world where logistical requirements and local conditions for Participants and their gear often involve unconventional modes of transportation, no hotel accommodation, limited or distant emergency and health services and limited or nonexistent local infrastructure or services. Of equal importance, Participants will experience one or more of the following: the whole range of climate, terrain and temperature extremes, data gathering, physical work, odd hours, frequent moves, delays, frustrations, surprises, equipment failure or malfunction and potential risks and hazards. These potential risks and hazards include (but are not limited to) political instability, transportation difficulties, lack of vehicular safety and medical standards commonly found in developed countries (for example, the absence of seatbelts), increased incidence and severity of vehicular accidents, strikes, sickness, quarantine, local regulations, foul weather conditions, high altitude, crime, natural disasters, wildlife behaviour, staff misjudgement and movements and other events outside the control of the Earthwatch Expedition Team.

Participants must accept that any of these factors may cause changes, delays or other effects. All true expedition work involves a degree of risk and improvisation, which varies from expedition to expedition.

ASSUMPTION OF RISKS AND ASSENT TO EARTHWATCH POLICIES

I _____, understand the requirements for Earthwatch expeditions. I have received and read the Expedition Briefing, which describes the risks inherent to the expedition(s) that I am embarking on and understand the risks the Expedition Briefing describes and those described in this Liability Release. I have also had the opportunity to ask the Earthwatch Expedition Team questions in relation to Earthwatch expeditions generally and the expedition(s) that I am embarking on specifically (including the materials provided to me in relation to these expeditions) and I am satisfied with the answers I have received. I understand these and other risks not listed above can, in extreme and unlikely circumstances, cause or lead to death, injury, illness, property damage, mental or emotional trauma or disability. Further, activities may take place several hours or days from any medical facility or where communication, transportation or evacuation is subject to delay. I understand the Earthwatch Expedition Team does not seek to eliminate all of these risks, in part, because they are necessary for Earthwatch expeditions or because they are part of the essence of Earthwatch expeditions. I agree to assume all of the risks of any Earthwatch expeditions that I embark on, whether inherent or not, and whether described above or not.

I have read and understand the policies, rights and responsibilities enumerated in the Earthwatch Institute Policies and Participant Rights and Responsibilities, and the Expedition Briefing (and similar documents) ("Policies"). I accept those Policies as a condition of my participation in an Earthwatch expedition team. I agree to abide by the Policies and I accept the consequences described for violations of the Policies (which may result in expulsion from the Earthwatch expedition team without a refund). By [signing below/agreeing to this form], I agree to participate in the expedition's activities under the terms and conditions described in this Liability Release, the Policies and other relevant Earthwatch material provided to me.

I declare that I am in good health. I understand it is my responsibility to review all conditions relevant to any Earthwatch expedition(s) that I embark on and determine if I am able to safely participate in the expedition(s) and to confer with my doctor if I have a question or concern about my health and my participation in the expedition(s). To the best of my knowledge and belief, the information provided to Earthwatch in the Health Declaration and Self-Assessment form is true and I have not withheld any relevant information. If any of this information changes prior to participating in any Earthwatch expedition, I will inform Earthwatch. I authorise the Earthwatch Expedition Team to consent to medical treatment, the administration of x-ray examination, anaesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician or surgeon or the most qualified medical provider. I authorise any such medical provider to release information about me and my condition and treatment to Earthwatch. I agree to pay for any and all costs associated with such treatment, including the costs of evacuation, if any.

IMAGE COPYRIGHT AND USAGE and MODEL RELEASE

Licence to Earthwatch

It is acknowledged that while on an Earthwatch expedition, I may take photographs, film footage, audio footage and other such recordings ("Individual Materials") and may submit such material to the Earthwatch Expedition Team. It is agreed between myself and Earthwatch that I will retain all intellectual property rights (including copyright) in the Individual Materials.

In consideration of Earthwatch allowing me to be involved with the Earthwatch expedition, I hereby grant Earthwatch a non-exclusive, royalty-free, fully paid up, perpetual, irrevocable, worldwide, sub-licensable, assignable licence to use, reproduce, distribute, display and create derivative works of the Individual Materials for any purpose relating to Earthwatch and its promotion ("Licence").

Moral rights consent

I consent to Earthwatch and its licensees and assigns doing or omitting to do any act that would otherwise infringe my "moral rights" (as that term is defined in the Copyright Act 1968 (Cth)) in the Individual Materials. In particular I consent to Earthwatch and its licensees failing to acknowledge or attribute my authorship of any of the Individual Material, falsely attributing authorship of any of the Individual Materials, or making any modification, variation or amendment of any nature whatsoever to any of the Individual Materials, whether or not it results in a material distortion, destruction or mutilation of any of the Individual Materials or is prejudicial to my honour or reputation.

Model release

I understand that by participating in the Earthwatch expedition, my image or voice may be included within photographs, film footage, audio footage and other such recordings taken by an Earthwatch employee or volunteer or a third party ("Earthwatch Materials"). I acknowledge and agree that I have no rights (including intellectual property rights) in the Earthwatch Materials.

In consideration of Earthwatch allowing me to be involved with the Earthwatch expedition, I hereby consent to Earthwatch and its licensees and assigns using, reproducing, distributing, displaying and creating derivative works of the Earthwatch Materials in any form, in any manner, and in any country, without payment to me.

I acknowledge and agree that I will not be given any right to inspect or approve any Earthwatch Material, or any written copy created in connection with the Earthwatch Materials and that I have no right to remuneration in connection with the use of any of the Earthwatch Materials by any person. I agree that I will not make any claim for any reason to Earthwatch, its licensees or assigns for remuneration in connection with the use of any of the Earthwatch Materials by any person.

I confirm I am free to enter into this arrangement and have my image used in the manner contemplated by this release.

I acknowledge and agree that this release is irrevocable, worldwide and perpetual.

RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of the Earthwatch Expedition Team accepting me as a Participant, I, on behalf of myself, my child, my heirs, executors, administrators, successors, and/or assigns:

subject to paragraphs 4 and 5 below, acknowledge and agree:

1. that each of the Earthwatch Expedition Team, their employees, officers, directors, trustees, participants, agents, affiliates, scientific staff, cooperating institutions and other persons acting under their direction and control (collectively referred to as "Released Parties") will have no liability whatsoever for personal injury, death, loss of health, financial loss, damage to property or any other loss or damage suffered by me, my heirs, executors, administrators, successors and/or assigns; and
2. to release each of the Released Parties 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, death, loss of health, financial loss, damage to property or any other loss or damage suffered;
3. subject to paragraphs 4 and 5 below, indemnify and keep indemnified each of the Released Parties 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, death, loss of health, financial loss, damage to property or any other loss or damage caused or contributed to by me;
4. agree that the Earthwatch Expedition Team is not responsible or liable for acts or omissions of third parties, including but not limited to cooperating institutions, independent contractors, other entities or other Participants (unless legislation operates to make the Earthwatch Expedition Team liable for the acts or omissions of the other Participants, in the relevant circumstances);
5. understand that nothing in this Liability Release excludes, restricts or modifies any consumer guarantee, right or remedy conferred on me by the Australian Consumer Law in Schedule 2 of the Competition and Consumer Act 2010 (Cth) or any other applicable law that cannot be excluded, restricted or modified by agreement;
6. agree, to the fullest extent permitted by law, that the liability of the Earthwatch Expedition Team for a breach of a non-excludable consumer guarantee referred to in paragraph 4 above is limited, at the Earthwatch Expedition Team's option, to refunding any amount paid by the Participant or to providing another similar expedition; and
7. agree that:
 - a) any provision of this Liability Release which is invalid in any jurisdiction must, in relation to that jurisdiction, be read down to the minimum extent necessary to achieve its validity, if applicable, and be severed from this Liability Release in any other case, without invalidating or affecting the remaining provisions of this Liability Release or the validity of that provision in any other jurisdiction;
 - b) this Liability Release contains the entire understanding between myself and the Earthwatch Expedition Team concerning the subject matter of this Liability Release and supersedes, terminates and replaces all prior agreements and communications between us;
 - c) this Liability Release will continue to have effect after my participation in any Earthwatch expedition; and
 - d) 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 non-exclusive jurisdiction of the courts of Victoria, Australia and the Commonwealth of Australia in respect of all matters arising out of or relating to this Liability Release, its performance or subject matter.

PRIVACY STATEMENT AND AUTHORITY

At Earthwatch Institute (Australia) we value your privacy. Earthwatch Institute (Australia) is bound by the Privacy Act 1988 (Cth) (Privacy Act) when we collect and handle your personal information.

This Privacy Statement and Authority covers information we collect from you regarding:

- Personal History
- Health
- Travel
- Liability Release
- Water Skills
- Expedition Evaluation

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

About Your Information

At Earthwatch Institute (Australia), we collect personal information that is necessary to provide and manage the expeditions or services we offer, develop and identify expeditions and services that may interest you and to conduct market or customer satisfaction research. If you do not provide the personal information requested of you to Earthwatch Institute (Australia), we may be unable to carry out these functions (for example, we may be unable to enrol you in an Earthwatch expedition).

Earthwatch Institute (Australia) discloses personal information to third parties when necessary to assist them and us in providing and managing the relevant services and expeditions. This may include our affiliate offices, Universities and educational institutions, expedition principal investigators and other team members. Earthwatch Institute (Australia) limits the use and disclosure of any personal information provided by us to them to the specific purpose for which we supplied it and these organisations and persons will handle your personal information in accordance with this Privacy Statement and Authority.

Some of the organisations or persons to whom we may disclose your personal information may be located overseas. Our affiliate offices are located in the US, UK, Japan, Hong Kong, Brazil, India, Canada, Costa Rica and China. Expedition principal investigators and other team members may be from anywhere in the world.

By [signing/agreeing to] this form you authorise Earthwatch Institute (Australia) to collect, hold, use and disclose your personal information for these purposes including transferring your personal information overseas. You also give express authority for Earthwatch Institute (Australia) to, where applicable collect, hold, use and disclose your personal information that amounts to sensitive information under the Privacy Act, as required to provide and manage the relevant product or service including transferring your sensitive information overseas.

Health Information

Under the Privacy Act health information is deemed to be sensitive information and attracts a higher level of protection. Earthwatch Institute (Australia) requires certain health information to be provided by all volunteers. This information will be used for screening purposes and/or in the event of a medical emergency on the expedition. This information will be kept confidential and will not be used other than for the purposes for which it is supplied.

Personal Information About Others

If Earthwatch Institute (Australia) gives you personal information pertaining to others (for example, contact details of expedition team members) you must only use it for the purposes for which it is given (i.e. to make contact with regard to the Earthwatch expedition).

When you give Earthwatch Institute (Australia) personal information pertaining to others (for example your emergency contact), we rely on you to have made or make them aware that you will or have provided their information to us and the third parties we may provide it to, the relevant purposes we and the third parties will use it for, and how they can access it or make a privacy complaint. If it is sensitive information Earthwatch Institute (Australia) relies on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

Access to your personal information

Earthwatch Institute (Australia) will allow you to access and correct personal information we hold about you as required by law. If you have any questions about how Earthwatch Institute (Australia) handles your personal information, or would like to request access to that information, please contact us:

by mail – Earthwatch Institute (Australia), 126 Bank Street, South Melbourne, VIC 3205

by telephone – 03 9016 7590

If you have any concerns or complaints about the manner in which your personal information has been collected or handled by Earthwatch Institute (Australia), please contact us using the details above.

Earthwatch Institute (Australia)'s Privacy Policy which can be accessed at http://www.earthwatch.org/australia/about/privacy_security contains further information about how Earthwatch Institute (Australia) generally handles your personal information including:

how you can access and correct personal information we hold about you; and

how you can submit a privacy complaint to Earthwatch Institute (Australia) and how Earthwatch Institute (Australia) will deal with your complaint.

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I WARRANT THAT I AM 18 YEARS OF AGE OR OVER AND I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY [SIGN/AGREE TO] THIS DOCUMENT. I AGREE TO THE TERMS AND CONDITIONS IN THIS DOCUMENT INCLUDING THE MANNER IN WHICH EARTHWATCH INSTITUTE (AUSTRALIA) COLLECTS, HOLDS, USES AND DISCLOSES MY PERSONAL (INCLUDING SENSITIVE) INFORMATION AS DESCRIBED IN THIS DOCUMENT.

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

Participant name:		Date of birth: (dd/mm/yyyy)
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(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 [SIGN/AGREE 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 AS DESCRIBED IN THIS DOCUMENT.

Guardian name:		Date of birth: (dd/mm/yyyy)
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