

**2011 CARETTA RESEARCH PROJECT
PARTICIPATION APPLICATION**

NAME _____ AGE _____ SEX _____

HOME ADDRESS _____ PHONE(____) _____

CITY _____ STATE _____ ZIP _____

OCCUPATION/MAJOR _____

INTERESTS/HOBBIES _____ T-SHIRT SIZE _____

EMAIL: _____

CONDITIONS

I enclose a fee of \$ _____ for each week. I understand that my reservation will be confirmed promptly by mail and that, in the event I choose to cancel my confirmed reservation, a refund (less a \$75.00) penalty will be made up to, and including, 60 calendar days prior to my team's departure date. If I cancel less than 60 days prior to the departure date, my fee (less a \$75.00 penalty) will be refunded only if the vacancy can be filled. I further understand that the Savannah Science Museum reserves the right to remove, without refund, any participant for any reason which affects the operation of the Caretta Research Project or the rights, welfare, and enjoyment of all members of a team. The SSM/CRP will not be responsible for any damage or inconvenience caused by changes in schedules, sickness, weather, war, quarantine, or other causes. **I also understand that the SSM/CRP are in no way responsible for and will not offer transportation off the island other than the Saturday crew changes.**

SIGNATURE _____ DATE _____

SIGNATURE (parent if under 18) _____ DATE _____

Your signature and fee denote acceptance of the conditions indicated.

RESEARCH TEAM CHOICE

1ST CHOICE: TEAM _____ DATES _____

2ND CHOICE: TEAM _____ DATES _____

3RD CHOICE: TEAM _____ DATES _____

SOME ADDITIONAL QUESTIONS (use a separate sheet of paper if needed):

1. How did you learn about the Caretta Research Project?
 2. Any health problems (allergies, athsma, etc.)?
 3. Do you eat red meat? _____ Poultry? _____ Pork? _____
 4. Any other special dietary requirements?
 5. What kind of educational background, experience or other qualifications do you have that will be of benefit to your team?
 6. If you have been with us before, was it during nesting or hatching season and what year?
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**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY
("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in the **Caretta Research Project** (the "Activity"), and for Ten (\$10.00) Dollars and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Undersigned agrees as follows:

1. I ACKNOWLEDGE, agree and represent that I understand the nature of the Caretta Research Project activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted on a remote island upon which certain hazards are to be expected. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. I FULLY UNDERSTAND that: (a) Caretta Research Project activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death ("RISKS"); (b) these Risks and dangers may be caused by my own actions, or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "RELEASEES" named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity.

3. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE **Savannah Science Museum, Inc.**, its administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "RELEASEES" or otherwise, including negligent rescue operations; AND I FURTHER AGREE that if, despite this release and waiver of liability, assumption of risk, and indemnity, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance notwithstanding, shall continue in full force and effect.

PRINTED NAME OF PARTICIPANT

SIGNATURE

DATE

WHAT ARE THE AVAILABLE TEAMS?

TEAM 10-1	MAY 14-21
TEAM 10-2	MAY 21-28
TEAM 10-3	MAY 28-JUNE 4
TEAM 10-4	JUNE 4-11
TEAM 10-5	JUNE 11-18
TEAM 10-6	JUNE 18-25
TEAM 10-7	JUNE 25-JULY 2
TEAM 10-8	JULY 2-9
TEAM 10-9	JULY 9-16
TEAM 10-10	JULY 16-23
TEAM 10-11	JULY 23-30
TEAM 10-12	JULY 30-AUGUST 6
TEAM 10-13	AUGUST 6-13
TEAM 10-14	AUGUST 13-20
TEAM 10-15	AUGUST 20-27
TEAM 10-16	AUGUST 27-SEPTEMBER 3