

### Visitor Safety Certificate and Waiver of Liability

**All visitors, vendors, and students must complete a safety training session with the Safety Officer and complete this form before commencing any work without direct supervision by Bigelow personnel.**

Participant's Name

Home Address

Cell Phone

Email

Bigelow Sponsor or Supervisor

Known Allergies

Medical Problems You Wish to Disclose

Do you authorize the sharing of the forgoing medical information with your immediate supervisor?

How long will you be staying with Bigelow?

Car make, model, color, and license plate #:

In the event of an emergency, please notify:

Name

Relationship

Address

Phone

#### **SAFETY TRAINING**

- I have received instruction in general emergency procedures at Bigelow Laboratory (fire, chemical spill, building evacuation).
- I have been shown the location of first-aid kits, spill kits and safety shower/eye wash units.
- I have received instruction on the chemical labelling system used at Bigelow Laboratory.

#### **VOLUNTEER AUTHORIZATION**

In case of accident, injury, or illness while serving as a volunteer, I hereby authorize Bigelow Laboratory for Ocean Sciences to make whatever arrangements it deems necessary to secure and cause to be provided emergency medical treatment, including being admitted to any hospital or medical facility for diagnosis and treatment. I hereby authorize physicians, dentists and staff, including technicians and nurses, to perform diagnostic and treatment procedures, operative procedures and x-ray treatment as those persons deem appropriate and necessary in the circumstances.

**PARTICIPANT ASSUMPTION OF RISK AND WAIVER OF LIABILITY (Read Carefully Before Signing)**

I hereby acknowledge that participation in volunteer programs organized by Bigelow Laboratory for Ocean Sciences (“Bigelow”) may carry with it potential hazards. With that knowledge, I HEREBY RELEASE Bigelow, its affiliates, officers, directors, trustees, agents, volunteers, employees, and contractors (collectively, the “Releasees”) from any and all causes of action and claims for personal injury, property damage, costs, liabilities or any other damages or obligations of any nature (collectively, “Claims”) arising directly or indirectly out of my service as a volunteer for Bigelow. My signature below represents my understanding that this release is intended to, and does, discharge and release in advance Bigelow and all Releasees from any and all Claims, whether arising out of the negligence of Bigelow or any of the Releasees, or otherwise. I also acknowledge that my participation in any Bigelow program is voluntary and I hereby assume the risks of any such participation.

Your Signature

Date

**IF UNDER AGE 18, THIS SECTION MUST BE COMPLETED BY A PARENT/GUARDIAN**

I have read and agree to the above Volunteer Safety and Liability Waiver Form and give permission for the above-named individual to serve as a volunteer at Bigelow Laboratory for Ocean Sciences under the terms and conditions set forth above, including without limitation the provisions regarding waiver of liability and consent to medical treatment, which provisions will be in full force and effect the same as if such person were age 18 or older.

I assume all risk of damage or injury, which may be suffered by my son/daughter, listed above, as a result of his or her participation as a volunteer.

**For volunteers/interns under age 18 who will be diving:** I assume all risk of damage or injury, which may be suffered by my son/daughter as a result of participation as a volunteer diver.

Name of parent/guardian

Phone

Address

Signature of parent/guardian

Date