MOSS LANDING MARINE LABORATORIES RELEASE FORM FOR JOHN H. MARTIN, SHEILA B. AND SMALL BOATS

Each participant should read and complete this form and return to MLML Marine Operations through the chief scientist or directly to MLML Marine Operations. The information will remain confidential. Please be sure to read and acknowledge the notifications and release included on this form

release included on this i	.01111.			
Name: First	Middle Initial]	Last	Institution
Business or Home Ad	ldress City	State	Zip Code	Phone Number
Person to be notified in case of an emergency				Relationship
Address				Phone Number
against them for injuries to indemnify SJSURF for Vessel or SJSURF for m	to my person, included or any of my negligent my participation in suc- sible for providing any	ing death, or prope t actions. I agree the th expedition(s) and y medical insurance	rty, arising out of my pat I will not be compered that I am not an empered or worker's compense	negligence which I might have or claim to have participation in such expedition(s). I also agree a sated by the operators of the MLML Research loyee of SJSURF. I further understand that meation insurance on my behalf and that neither employees.
	Please initial y	our acknowl	edgment of eac	h section below
strictly enforces the pr substances). My violatio beverages, including be Laboratories/SJSURF to	rohibition aboard ver on of this policy could er and wine, are pro request I submit to a quested, will require N	Laboratories/SJSU ssels of illegal dr d lead to termination shibited on board a drug/alcohol test s Moss Landing Mari	ugs (narcotics, marij n of the voyage and n at all times; (3) Fede hould I be involved in ne Laboratories/SJSU	ral "ZERO TOLERANCE POLICY" which uana, stimulants or other similar controlled my arrest by Federal authorities; (2) Alcohol ral regulations require Moss Landing Marin a "Serious Marine Incident"; (4) My failure RF to report my name and address to the U. tial here:
emergency medical treat	ment and the followin that Moss Landing M	past or present med ag prescriptions or d farine Laboratories/	ther medications that a SJSURF are NOT resp	ay impact research vessel activities or require may have a bearing on medical treatment. I ponsible for injuries that occur due to past or re:
Medical Condition and	d/or Medications:			
I have no medical cond				
Signature of cruise partic	cipant	Date	Signature of witness	S Date
Signature of Parent or G	 uardian (If participar	nt is under the age of	f 18)	Date