

Elizabeth Moore International Center for Coral Reef Research & Restoration
Visitor, Volunteer, Intern or Student Release and Waiver of Liability

I, _____, the undersigned visitor, volunteer, intern or student at Mote Marine Laboratory's Elizabeth Moore International Center for Coral Reef Research and Restoration (IC2R3), in consideration of the IC2R3's granting me permission to enter its premises, to use its equipment and materials, to assist in its ongoing research, educational or public display activities, hereby voluntarily waive any and all claims I have, or may have in the future, for damage or a loss to my person or property, which may be caused by any act, or failure to act, of the IC2R3, Mote Marine Laboratory, its trustees, officers, agents or employees. Based upon the consideration outlined above, I do hereby assume the risk of all dangerous conditions in and about the property of the IC2R3, waive any and all specific notice of the existence of dangerous conditions, and indemnify and hold harmless the IC2R3, Mote Marine Laboratory, its trustees, officers, agents or employees from any and all liability, actions, causes of actions, debts, claims, demands or other liability of any kind or nature whatsoever which may arise, whether caused by ordinary negligence or otherwise. I intend that this signed agreement shall serve as a release, waiver, and assumption of risk and shall bind any person or entity making a claim based upon my rights or on my behalf including, but not limited to, my heirs, executor, assigns, or members of my family. If any portions of this release are found invalid, the balance shall remain in full force and effect. If under 18 years of age, a parent or guardian must also sign. By signing below I also confirm that I understand the usage of the laboratory, dormitory and apartments must be in compliance with all Mote Marine Laboratory rules.

Signature

Dates

Print Name

Signature of parent / guardian
(if under 18 years old)

Phone and email address:

Contact in case of Emergency:

Name Relationship

Address

Phone (Daytime) Phone (Evening)

BOCA GRANDE OUTREACH OFFICE

PO Box 870
Boca Grande, FL 33921
(941) 855-0251

**ELIZABETH MOORE INTERNATIONAL CENTER
FOR CORAL REEF RESEARCH & RESTORATION**

2424 Overseas Highway
Summerland Key, FL 33042
(305) 746-3554

MOTE AQUACULTURE RESEARCH PARK

874 W.R. Mota Way
Sarasota, FL 34240
(941) 388-4511

**MOTE LIVING REEF EXHIBIT AT THE NOAA
ECO-DISCOVERY CENTER**

35 East Quay Road
Key West, FL 33040
(305) 296-2325

MOTE MARINE LABORATORY EMERGENCY MEDICAL TREATMENT AUTHORIZATION AND VIDEO RELEASE FORM

Participant Name	Date of Birth	Parent/Guardian Name
Program Title	Date of Program	
Participant Address, City, State, Zip	Age	Cell Phone #
	Gender M / F	Alternate Phone #
Health/Accident Insurance Company (Name & Policy Number)		
Emergency Contact:		Emergency Phone #

Please list ANY physical limitations, medical problems, and special dietary/medical needs. Medicines must be administered by the camper. If no special considerations need to be made, please write "N/A."

PHOTO/VIDEO RELEASE:

The undersigned hereby authorizes Mote Marine Laboratory personnel to photograph, film, and/or interview the student during a Mote Marine Laboratory Education Program. To prepare slide presentations, photographs, video tapes, audio tapes, movie films, and computerized multimedia in which the student named above will appear, so as to inform the public about the education programs at Mote Marine Laboratory. All rights, royalties, and materials will belong to Mote Marine Laboratory.

PLEASE CHECK ONE:

I, the undersigned, **hereby release and discharge** Mote Marine Laboratory from any and all claims and demands arising out of or in conjunction with the use of visual and audio recordings

I, the undersigned, **do NOT agree with the above and do NOT** want my minor child to be photographed, filmed, and/or interviewed for the above purposes.

RELEASE AND WAIVER OF LIABILITY: I give permission for Mote Marine Laboratory staff to provide any medical assistance they feel appropriate for my child named above. I also give permission for any emergency personnel to treat my child in the event of an emergency. I will be responsible for any and all medical expenses that may be incurred. In consideration of the right to participate in the Mote Marine Laboratory Education Program, I, for myself and my minor child, have and do hereby assume all risks and will indemnify and hold harmless Mote Marine Laboratory, its employees, trustees, officers, volunteers, and members from any and all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may arise from or in connection with my child's participation in any activities sponsored through MML, whether caused by ordinary negligence or otherwise. This signed agreement will serve as a release or assumption of risks for my heirs, executor and administrators, assigns, or next of kin and for members of my family. If any portion of this release is found invalid, the balance will remain in full legal force and effect.

You must sign the completed form. Thank you

Parent/Guardian Print:

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
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Mote Marine Laboratory
1600 Ken Thompson Pkwy
Sarasota, FL 34236
Fax Number: (941) 388-3503
Email: ewheaton@mote.org