



Caretta Research Project
Savannah Science Museum, Inc.
PO Box 9841
Savannah, GA 31412
WassawCRP@aol.com

2020 Participation Application and Waiver

Participant Information

Name: _____ Age: _____ Sex: _____ T-shirt Size: _____

Home Address: _____ Phone: (____) _____

City: _____ State: _____ Zip Code: _____

Occupation/Major: _____ Email: _____

(Under no circumstances will CRP share this information with other individuals or organizations)

Reservation

\$ _____ is enclosed to reserve _____ positions at \$825/position/week.

(Reservations are confirmed upon receiving check by mail or immediately if made online)

Preferred Week and Dates:

1ST Choice: Week _____ Dates _____

2ND Choice: Week _____ Dates _____

3RD Choice: Week _____ Dates _____

Additional Information

Do you have any allergies or health problems? _____

Do you eat ... red meat? _____ poultry? _____ pork? _____ vegetarian? _____ vegan? _____

Do you have any other dietary restrictions? _____

How did you learn about CRP? _____

If returning to CRP, what year and during which season, nesting or hatching? _____

What qualifications do you have that will benefit the research team? _____

Caretta Research Project

Protecting Georgia's Loggerhead Turtles Since 1973

Phone Consultation

All new applicants are encouraged to call CRP at (912-704-9323) for a brief phone consultation.

Cancellation Policy

Full Refund (less a \$75 fee): (1) Cancellations made 90 days prior to departure date or (2) cancellations made less than 90 days prior to departure in which the vacated position IS able to be filled.

Partial Refund: In the event of a government shutdown or fire evacuation, participants will be refunded for nights NOT spent on the island during their week.

No Refund: (1) Cancellations made for any reason less than 90 days prior to departure in which the vacated position IS NOT able to be filled, (2) Removal of any participant that hinders the operation of CRP or the rights, welfare and enjoyment of team members, (3) Removal of any participant found to be in possession of illegal drugs or alcohol.

Conditions of Reservation

All participants must accept the following Conditions prior to registering and/or volunteering:

- (1) CRP is NOT responsible for any damages or inconveniences related to changes in schedules, discomfort, sickness, weather, war, quarantine, government shutdowns or other causes.
- (2) CRP does NOT tolerate illegal drugs or alcohol. Any individual caught violating this rule will be escorted off the island at their own expense.
- (3) CRP is ONLY responsible for transportation on and off the island during the Saturday crew changes. If needed, CRP can arrange non-Saturday transportation for \$100/trip.
- (4) CRP retains the right to use any photograph taken of participants conducting sea turtle research activities for printed materials, and web and social media postings.
- (5) CRP requires all participants to sign Waiver of Liability form on the next page.
- (6) CRP requires participants 18 and younger to sign an additional Young Biologist form. Link to this form can be found on the website below the Application and Waiver link.
- (7) CRP requires all participants to agree to the Cancellation Policy, as stated above.

Sign below to indicate that you have read the Conditions and accept them as part of the Reservation.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if Participant is under 18)

Options to Submit

- Print, fill-out and mail to **Caretta Research Project, PO Box 9841, Savannah, GA 31412**
- Print, fill-out, scan and email to WassawCRP@aol.com
- Fill-out electronically and email to WassawCRP@aol.com

**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.

Participant Name (printed): _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(if Participant is under 18)