

R/V OCEANUS Release and Consent

Information

This form must be read and applicable portions completed by each member of the science party (i.e., anybody other than paid crewmembers or OSU Ship Operations staff) prior to going out on OCEANUS. The completed form is valid for the calendar year in which completed provided the information is complete and remains accurate. Should any information change (employment status, person to notify, health, etc.) it is your responsibility to inform us so we may update your form.

Prior to your cruise please read this form and provide the needed information on both pages of this form. Forward both pages (completed & signed) by e-mail (hantzecem@onid.orst.edu), fax (541-867-0294) or mail (OSU Ship Operations, 2020 SE OSU Drive, Newport, OR 97365-5275). *This form needs to be at Ship Ops 2 weeks prior to your departure date.*

In consideration of permission to be present on the OCEANUS, I agree to the following terms:

Partial Waiver and Release of Rights: This paragraph applies to all except individuals who are employed by OSU (in a pay status and in a position that includes going to sea as part of the position description). I, the undersigned, agree to accompany the cruise(s) on R/V OCEANUS listed. I understand that I am not covered by OSU's insurance and that appropriate insurance coverage must be provided by me, my employer or sponsoring institution. (OSU students or sponsored volunteers may be covered – please check with the Principal Investigator to ensure that you are covered. The OSU Principal Investigator/Chief Scientist is responsible for having volunteers complete the **“Conditions of Volunteer Service”** and **“Partial Waiver & Release of Rights”** forms. If you have any questions about your insurance coverage please resolve them with the Principal Investigator/Chief Scientist for the cruise.) I agree that I will not be compensated by OSU for my participation nor will I be covered by OSU's insurance. I understand that such participation, including my operation of ship's equipment necessary for my research, may expose me to certain risks of injury, death or damage to my property. I hereby release and hold the State of Oregon, its officers, agents and employees harmless from any and all claims or liabilities which I might have or claim to have against the State of Oregon, its officers, agents, and employees for injuries to my person, including death, or property arising out of my participation in the cruise(s). I also agree to indemnify the State of Oregon for any of my negligent or intentional actions.

Consent: I understand that and agree to:

- OSU supports the Federal “Zero Tolerance Policy” which strictly prohibits illegal drugs and controlled substances onboard OCEANUS and that my violation of this policy could lead to termination of the voyage and my arrest by Federal authorities.
- Alcoholic beverages, including beer and wine, are prohibited onboard at all times.
- Federal regulations require me to submit to a drug/alcohol test should I be involved in a “Serious Marine Incident” and that a failure to submit to this test, if requested, will require termination of the cruise and OSU to report my name and address to the U.S. Coast Guard and my parent institution.

Medical: I understand that there is no expert medical care provider on OCEANUS. For my protection, I have listed past or present health problems that could require emergency medical treatment (including the use of prescription medications) along with describing what actions need to be taken by others in the event I am unable to provide for my own emergency care. (Any medical information will be treated as confidential. It will be provided to the Captain of OCEANUS and to our medical advisory service if appropriate, e.g., injury, illness, concern about the appropriateness of you going to sea on OCEANUS.) Each individual is responsible for bringing along any medications they may require during the cruise – OCEANUS does not stock medications other than a limited supply for emergency use as prescribed by our contract medical advisory service.

Cruise Participants Under 18 Years of Age: The participant's parent or legal guardian must execute this form on behalf of his/her minor child in the space provided.

Cruises Calling in Foreign Ports: If the cruise begins, ends, or calls in a foreign port the “Foreign Port” information must be completed.

Signature of Cruise Participant

Date

R/V OCEANUS Release and Consent Form

Calendar Year: 20 _____

Your Name: Last: First: M.I.:

Function: Scientist Technician Grad Student Undergrad Observer Foreign Obsvr

Employer/Sponsor:
 Street Address:
 City, State, Zip:
 Phone Number: E-Mail:

Person to be notified in emergency: Name:
 Relationship: (opt.)
 Street Address:
 City, State, ZIP
 Phone Number:
 E-Mail:

Identification and Citizenship Information (required):

Passport Number:		Citizenship: *	
Date of Issue:		Date of Expiration:	
Place of Birth:		Date of Birth:	
Other I.D.			
<i>* If Citizenship is other than US: please include copies of passport and any visas/documents required for your stay in the US.</i>			
List ALL the cruise dates (include the name of the Chief Scientist) that you will be out this year on the OCEANUS.			

Past or Present Health Problems: _____

Current Medications: _____

Actions to be taken by others in the event I am unable to provide for my own emergency care: _____

I have read, understood and agree to the conditions stated on page 1 of this "Release and Consent Form."

Signature of Cruise Participant

Date

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, the undersigned parent or legal guardian hereby executes this Release and Consent on behalf of his/her minor child:

Signature of Parent/Guardian

Date