

Release and Assumption of Risk Form

TO: The Bermuda Institute of Ocean Sciences, its Board of Trustees, Officers, Employees, and Agents ("RELEASEES")

PRINT YOUR NAME: _____

I wish to participate in activities (for example, but not limited to: science, research, education, recreation, volunteering, transportation, accomodation, dining and other activities; hereinafter referred to as the "Activities") in conjunction with the Bermuda Institute of Ocean Sciences; and I fully understand and appreciate that certain hazards and risks may occur, including but not limited to: exposure to hazards and risks of property damage, accident, suffering, illness and death; SCUBA and Rebreather diving; snorkeling; transportation by air, land or sea; dock operations; laboratory operations; exposure to weather, humans, animals, plants, other life forms, natural and artifical structures, foods, drinks, irritants, allergens, toxins, minerals, chemicals, equipment, surfaces, furniture, fixtures, fittings, temperatures and radiation.

Being aware of the hazards and risks of such Activities, and in consideration of being permitted to participate in the Activities, on behalf of myself, my family, dependents, heirs, estate, personal representatives and assigns, I, the undersigned, agree to assume all the risks and responsibilities involved with and relating to my participation in the Activities, I confirm that I have adequate personal medical/travel insurance for the Activities and I release, waive, forever discharge, and covenant not to sue or prosecute RELEASEES for any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature, whether caused by the negligence or carelessness of the RELEASEES, or otherwise, that may hereafter accrue to myself, my family, dependents, heirs, estate, personal representatives and assigns, arising out of or related to any loss, damage or injury, including, but not limited to suffering, death, disability and economic loss, that may be sustained by me or others during or in conjunction with the Activities.

It is my express intent that this Agreement shall bind myself, my family, dependents, heirs, estate, personal representatives and assigns, and shall be deemed as a release, waiver, discharge, and covenant not to sue RELEASEES. I further agree to save and hold harmless, indemnify, and defend RELEASEES from any claim by myself, my family, dependents, heirs, estate, personal representatives and heirs, arising out of my participation in any Activities.

I understand that the acceptance of this release and waiver of liability by the RELEASEES shall not constitute nor be construed as a waiver, in whole or in part, of any rights by said RELEASEES. I agree that, in the event that any part of this Agreement is determined to be unenforceable or ineffective, it shall not affect the continuation and enforceability of other parts of this Agreement as a whole.

In signing this release, I acknowledge and represent that I have fully informed myself of the content of this Agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed. I understand that the RELEASEES do not require me to participate in any Activities, but I want to do so despite the possible hazards and risks and despite this release. I further state that I am at least 18 years of age and fully competent to sign this Agreement or, if I am under 18 years of age that I have received the permission of my parent or legal guardian, who will also sign this Agreement, and that I execute this release for full adequate and complete consideration fully intending to be bound hereby.

This Agreement is subject to Bermuda Law and the exclusive jurisdiction of the Courts of Bermuda.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN THAT YOU UNDERSTAND IT BEFORE SIGNING.

Name of Participant (please print)

Date of Birth

Signature of Participant (if over 18)

Date

Home Address

Phone Number

Name of Parent/Guardian (if under 18)

Signature of Parent/Guardian

In case of accident or illness notify:

Name, Relationship, Address

Phone Number

This form must be completed, signed, and returned to either BIOS Education education@bios.edu or to the BIOS Reservations Office jane.burrows@bios.edu as appropriate.



Media Release Form

The intention of this document is to advise you of the use of still and video photography during BIOS education programs, and to obtain your consent to use your name, likeness, and testimonial(s) as a part of our educational outreach efforts.

All media resources (still images, video, and audio) will remain the property of BIOS and will not be used by BIOS or its representatives for any commercial value or to receive monetary gain. Finished video clips and still images may be made available on the BIOS website and social media accounts, as well as incorporated into presentations and both digital and printed promotional materials.

Please read the statement below and indicate, by checking the appropriate response, whether you do/do not grant permission for BIOS to include your name and likeness (including video, audio, and still images of you), as well as testimonials that you voluntarily provide to BIOS, in our promotional and educational materials.

I, _____, hereby ___ do/ ___ do not (please check one) give permission for the Bermuda Institute of Ocean Sciences (BIOS), Inc. to photograph, videotape, and/or record _____ (your name) during BIOS education programs and to use this material and any testimonials I willingly provide, along with my name, for educational and promotional purposes.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to use of the image. I further release and relieve BIOS, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

Signature of Parent/Guardian (if participant is under 18)

Date

OR

Signature of Participant (if participant is 18 or over)

Date

This form must be completed, signed, and returned to either [BIOS Education](#) or to the [BIOS Reservations Office](#) as appropriate.



Medical/Health Insurance Waiver

I,understand that as a visiting *Volunteer Internship student*; *Graduate Internship student*; *Course Instructor*; *Teaching Assistant*; *Course Attendee*; *Other* explain at the Bermuda Institute of Ocean Sciences (BIOS), Inc. I am not included in the BIOS medical and health insurance coverage.

I confirm that I (or my parents/legal guardians on my behalf) hold personal medical (accident/illness) insurance coverage for my stay in Bermuda, either by a valid and current accident/illness insurance plan, with no restrictions on travel outside the country of my residence, or by a special travel policy.

I am aware that the in the event that I require a visit to a doctor/hospital or need to have a prescription filled that I will be responsible for payment to the provider at the time of service. I will keep receipts/invoices in order to make a claim to my insurance company (and not to BIOS).

Signature

Date

This form must be signed and returned to reservations@bios.edu at BIOS