# EXAMPLE PARTICIPANT REGISTRATION FORM

Below is an example of a participant registration form that was used in a BioBlitz in 2012.

Note: You **must** complete this Volunteerform to join the Bermagui BioBlitz. We need this information for insurance purposes for you. Thank you for your help.

**YOUR CONTACT INFORMATION:**

First name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER INFORMATION:**

1. Do you have a disability or health condition that might affect your participation?

 YES NO If YES, please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Do you agree to take responsibility for your decision to participate in any activity once the risks and exertions have been explained to you? YES NO

3. Do you have appropriate clothing, equipment and protection (including sunscreen and insect repellent) for the BioBlitz activities you want to join?

 YES NO If NO, please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Are you at least 18 years old?

 YES NO If NO, this form must be signed by a parent or guardian

**AGREEMENT: I agree to:**

1. Follow all health and safety requirements and risk management procedures of my group leader or as detailed in any preliminary briefing
2. Undertake tasks in a responsible and conscientious manner
3. Sign on and sign off at each volunteering survey session in which I participate
4. Seek advice from my group leader if any directions are unclear
5. Happy for my photo to be taken and used in any follow up material (e.g. report, website)
6. Comply with all conservation requirements as outlined
7. The use and publication by Atlas of Life in the Coastal Wilderness of images of me taken during Bermagui BioBlitz activities
8. The Atlas of Life in the Coastal Wilderness sharing the intellectual property and copyright of any works created by me during BioBlitz activities(Creative Commons - BY)

I (insert your name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ undertake to abide by this agreement.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Signature of parent/guardian if the Volunteer is under 18 years old. I consent to the above-named volunteer participating in the Bermagui BioBlitz on the conditions listed in the above agreement.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Date: \_\_/\_\_/\_\_\_\_

 BioBlitz Event Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_