**Participation Registration Form**

Note: You **must** complete this Volunteerform to join the **[name] 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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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:**

* I will provide appropriate clothing, equipment and protective gear as advised on my ticket at the time of booking, and displayed on site at [name] BioBlitz.
* I will notify base camp of all relevant medical conditions and pre-existing injuries that may affect my participation.
* I consent to authorise and take full responsibility for medical treatment and associated costs that may arise from withholding any vital medical information.
* I will follow the advice of my survey leader and ensure my actions do not endanger the safety and welfare of others, and ask to clarify any directions that are unclear.
* I will report all safety hazards, injuries or accidents to management immediately.
* I will comply with conservation laws that exists within the National Park and Flora Reserve.
* I agree to the use and publication of images of me, and by me, taken during the [name] BioBlitz by [insert organisation managing the BioBlitz].

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 [name] BioBlitz on the conditions listed in the above agreement.

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