

ADELPHI

UNIVERSITY

BIO 585: Dinosaurs & National Parks: Application Checklist

In order to apply for **BIO 585: Dinosaurs & National Parks**, please complete the following instructions and forms available through the Department of Biology. Your application does not guarantee or require acceptance into the program. Acceptance depends on instructor permission, good academic standing, no financial or academic holds on your account, and no disciplinary issues. Final approval is granted once full tuition is paid and enrollment procedures are completed. **Important:** do not book airfare or transportation arrangements until fully enrolled in the program.

Step I - Application for Acceptance (due by April 1)

- This completed Adelphi **BIO 585: Dinosaurs & National Parks** Application
- Unofficial University Transcript sent to Dr. D'Emic (mdemic@adelphi.edu)
 - One faculty recommendation emailed to Dr. D'Emic (mdemic@adelphi.edu). This can be a brief email highlighting how this program will benefit your education and professional development, sent from a professor
- Letter of Intent prepared by the applicant (1 page). Explain your interest/motivation, past relevant experience, and how the program will contribute to your personal or academic development.
- Carefully read and review the course syllabus and agree to all aspects of the course content and logistics.
 - Review and agree to abide by the Adelphi University Student Code of Conduct policy, available online at: <http://operations.adelphi.edu/catalog/conduct/>
- Signed Disclosure & Release form
 - Signed Release from Liability form
 - Signed Emergency Contact Form
- Signed Photo Release Form
 - Signed Hold Harmless Form

Proof of current medical and/or trip insurance. Include a photocopy of valid insurance card or copy of medical/trip insurance policy covering the time you will be spending in Wyoming and Montana. (The latter can be completed during Step II of the application process).

Step II – The following are required for enrollment after acceptance to the program

Proof of tetanus vaccination within the last 7 years

Completed Course Summer 2018 Registration Form.

Payment in full by check or money order made out to Adelphi University and submitted to the project director at the address below.

All applications are given prompt consideration. Students will be notified as soon as possible with an acceptance decision. Please contact the program director with any additional questions. Acceptance is not guaranteed until enrollment procedures have been completed. Either hand-deliver or mail all original forms and application material including payment to the following address:

Dr. Michael D'Emic
Adelphi University
Biology Department
Science Building, Room 103
1 South Ave .
Garden City, New York 11530-0701



BIO 585: Dinosaurs & National Parks Field Course Application SUMMER II 2018

Eligibility & Overview

Instructor permission and a minimum 2.7 GPA is required to enroll in the **BIO 585: Dinosaurs & National Parks**. Students will travel on their own accord to either the Cody, Wyoming or Billings, Montana airport where they will be picked up by the course director. Alternately, students can drive to the YBRA (<http://www.ybra.org>). See course syllabus in advance of applying for this program.

Application Deadlines

Application deadline = April 1, 2018. Please note that applications are reviewed in the order received and registration is open until the registration limit is reached. Early submissions are strongly encouraged.

Program Payment

For Adelphi faculty led programs (Summer Term) and all semester and academic year programs, tuition payment is to be made to Adelphi University; do not make any tuition payments to any other institution or program. Program tuition is for **3** undergraduate or graduate academic credits (discounted by 25%) and fees:

UNDERGRADUATE		GRADUATE	
Tuition (3 credits)	\$2,430	Tuition (3 credits)	\$2,723
Technology Fee	\$160	Technology Fee	\$160
Program Fee	\$297	Program Fee	\$297
Contingency	\$13	Contingency	\$0
Total (Undergraduate)	\$2,900	Total (Graduate)	\$3,180

Airfare is not included in the program fees and must be covered independently. All participating students must enroll in **3** credits.

Program _____ **BIO 585: Dinosaurs & National Parks** _____

Personal Information

Name: (as appears on your passport or driver's license):

First: _____ Middle: _____ Last: _____

Street Address: _____ City: _____

State: _____ Zip: _____

If you wish to enroll in the Adelphi University **BIO 585: Dinosaurs & National Parks** and have a disability that may impact your ability to carry out assigned course work and/or participate in program activities, it is important that you contact the staff in the Disability Support Services Office, University Center, Room 310, (516) 877-3145, DSS@adelphi.edu. A disability includes physical disabilities, including asthma that may preclude hiking in difficult terrain. DSS will review your concerns with the Department of Biology and determine whether reasonable and appropriate accommodations can be made.

Will you be requesting assistance? Yes No

Academics

Classification: Freshman Sophomore Junior Senior Graduate

Major(s)/Minor(s) : _____

Anticipated date of graduation (semester/year): _____

Are you eligible for a tuition remission? (parent works at Adelphi) Yes No

Faculty Advisor: _____

Cumulative GPA: _____



BIO 585: Dinosaurs & National Parks Field Course Application SUMMER 2018

Disclosure of Educational and Medical Records

I, _____, hereby authorize the Adelphi **BIO 585: Dinosaurs & National Parks** course instructor, Michael D’Emic, to have access to my records described below to determine whether I will be accepted as a registered student or volunteer participant in the program. And to disclose such information to any educational institution which may be involved in any program to which I am accepted so that such institution may have information necessary to address my education needs, interests, and healthcare. The records and information I authorize and direct to be disclosed by Adelphi University and/or my current institution are:

1. my academic transcript;
2. my financial aid award letter;
3. records reflecting disciplinary or misconduct proceedings and/or sanctions taken against me or reflecting incidents of misconduct that did not result in disciplinary proceedings or action while attending Adelphi and/or my current institution;
4. the completed “Medical Clearance” from the Student Health Center (if requested) and proof of medical insurance; and,
5. whether or not you will be requesting learning or physical disabilities assistance.

I understand that by signing this authorization form I am waiving certain rights granted to me by the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. Section 1232g, and I waive those rights voluntarily by signing this authorization.

I further understand that I have the right to revoke this consent at any time by notifying Adelphi University of my revocation of this authorization. To insure proper notification of revocation of this authorization, I understand I should submit my request in writing to Michael D’Emic, Department of Biology, Science Building, Room 118, Adelphi University, Garden City, NY 11530.

Name _____

Signature _____ Date _____

Financial, Academic & Conduct Obligations

I certify the information shown on this application is correct to the best of my knowledge. I am aware that if I become a student or volunteer in this program I will comply with all rules, regulations, and instructions for student behavior as outlined by the Adelphi student code of conduct, the course syllabus, and as directed in the field by principal investigators. I agree that Adelphi has the right to require my withdrawal from this program due to unsatisfactory academic work or behavior between the time of the application and completion of the program.

If accepted to the program as a registered student or volunteer, I understand I must pay in full my Adelphi tuition, less my financial aid and scholarships, if any, before departure. I will also pay for any associated fees by the posted deadlines. I also understand that I am responsible for paying separately for airfare or other transportation to and from Cody, Wyoming or Billings, Montana airport, or driving independently to the YBRA (<http://www.ybra.org>). I also understand that some housing accommodations will be my responsibility if occurring before or after the project dates and that while most meals and transportation are covered by the project, I may incur additional expenses if choosing to purchase additional food at a restaurant, store, or market. Project volunteers and participants not registered must still abide by all academic and conduct obligations. I have read this statement and agree to its terms,

Signature of Applicant _____ Date _____

Return this form along with all other application material to:
 Dr. Michael D'Emic, Adelphi University, Biology Department,
 Science Building, 1 South Ave, Garden City, New York 11530.
 Phone: (516) 877-4210 Fax: (516) 877-4209 mdemic@adelphi.edu



Emergency Contact

BIO 585: Dinosaurs & National Parks Field Course Application SUMMER II 2018

Name: _____

Student ID Number: _____

Program: **BIO 585: Dinosaurs & National Parks**

As part of my participation in the Adelphi University **BIO 585: Dinosaurs & National Parks** which is sponsored in whole or in part by Adelphi University, I grant authorization to the Program Director, and/or his/her designees, to contact the individuals listed below. Such discussions will be limited to matters of personal safety, wellness, or if I should be injured or hospitalized for any reason.

EMERGENCY CONTACTS

Authorized Individuals:

Parent Yes No

Name _____

Email _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Parent Yes No

Name _____

Email _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Student Signature: _____ Date: _____



DISCLOSURE & RELEASE

Personal & Academic Disclosure

Name _____ Student ID # _____

Program: **BIO 585: Dinosaurs & National Parks**

I know that the Family Educational Rights and Privacy Act of 1974 as amended (FERPA) protects the privacy of my student educational records and limits access to the information contained in those records. As part of my participation in the Adelphi **BIO 585: Dinosaurs & National Parks** which is sponsored in whole or in part by Adelphi University, I grant authorization to the Program Director, and/or his/her designees, to discuss program related matters with the individuals listed below. Such discussions will be limited to matters of my personal, financial and academic welfare in connection with the program.

Authorized Individuals:

Parent Yes No

Name _____

Email _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Parent Yes No

Name _____

Email _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Student Signature: _____ Date: _____



Media Release

In consideration for being allowed to participate in **BIO 585: Dinosaurs & National Parks** sponsored by Adelphi University, I, _____, hereby authorize the use of any photographic or electronic reproductions of me, my project field notes, and other project related data or information for any purpose, including, but not limited to photography, video recording, educational, news reports, and other public media productions as may be deemed appropriate by Adelphi University. I understand that I may be identifiable from such photographic, video, or electronic reproduction and that these images may, at some time, be posted online for promotional or outreach purposes. Further, I, the undersigned, agree to grant Adelphi University, its successors and assigns, the right to use photography or electronic reproductions in which I appear, including reproductions and composites thereof or likeness based thereon, with or without my name in association with advertising of Adelphi University.

I am at least 18 years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Student Signature _____ Date _____

ON CAMERA RELEASE FORM

In consideration of my engagement on camera, upon the terms hereafter stated, I hereby grant Adelphi University and/or its agents and their respective licensees, successors and assigns, the absolute right and permission to copyright and use, re-use and publish, and republish still photography or video footage of me or in which I may be included, in whole or in part, without restriction as to changes or alterations, from time to time, in conjunction with my own name, or reproductions thereof otherwise made through any media now known or to be devised for documentary, promotional, artistic, marketing, trade or any purpose whatsoever. However, the rights granted shall not permit exercise of these rights as direct commercial endorsement of any product without first obtaining my written consent.

I also consent to the use of any printed matter in conjunction therewith. Images and video may be stored in print or digital form either in secure files, servers or web based cloud servers.

I hereby waive any right that I may have to inspect or approve the finished product or products that may be used in connection therewith or the use to which it may be applied.

I hereby, release, discharge and agree to save harmless, Adelphi University and/or its agents and their respective licensees, successors and assigns, and all persons acting under its permission or authority or those for whom Adelphi is acting, from any liability by virtue of any alteration, whether intentional or otherwise, that may occur or be produced in the taking of said still photography or video footage or in any subsequent processing thereof, as well as any presentation, exhibition or streaming thereof. Nothing contained herein obligates you to exercise any of these rights, licenses or privileges granted to you by this release agreement.

Information Release

I certify that the information given in this application is correct. I hereby give permission to the Office of Marketing and Creative Services to check my academic and disciplinary records and I understand that this information will only be used in the selection process for students to be profiled in newsletters or otherwise featured in other publications and ads.

Please check one of the boxes below:

I hereby warrant that I am eighteen (18) years of age or older and have the right to contract my own name in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof.

I hereby warrant that I am the parent or legal guardian of the minor child appearing on camera and have the right to contract their name in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof.

SIGNATURE _____ PRINTED NAME _____ DATE _____

NAME OF STUDENT IF PARENT OR LEGAL GUARDIAN IS SIGNING FOR THEM _____

PHONE _____ EMAIL _____

Freshman Sophomore Junior Senior Graduate Faculty/Staff/Other

FOR ADELPHI UNIVERSITY: _____



ADELPHI UNIVERSITY

Responsibility & Release from Liability

Name _____ Student ID # _____

Program: **BIO 585: Dinosaurs & National Parks**

This Agreement must be signed and returned to the Department of Biology, Science Building Room 103. Failure to accept and/or abide by the terms and conditions of this Agreement as provided may result in the Participant's inability to participate in the Program or in dismissal from the Program.

I, _____, have agreed to be a Participant in the Adelphi **BIO 585: Dinosaurs & National Parks** (the Program) approved by Adelphi University. I am not required to participate in the Program; my participation in the Program is wholly voluntary. In consideration of being allowed to participate in the Program, I hereby state and agree to the following:

1. Standards of Conduct

- A. I was provided access to and agree to abide by Adelphi's Code of Conduct and the Course Syllabus by the program provider regulations, and by the directions of the Program Director and his or her designees. I understand that the Program Director and his/her representative have the right to enforce appropriate standards of behavior and that I may be dismissed from the Program at any time for failure to comply with such standards. Adelphi reserves the right to decline, to accept, or retain me on the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person, including but not limited to my own welfare. Similarly, if my conduct violates any Adelphi policy or procedure, I understand that I may be required to leave the Program at the sole discretion of Adelphi's agents and representatives, and may be referred to the appropriate Adelphi officials or law enforcement agent for further disciplinary or other action. I understand that if my participation in the Program is terminated I will be sent home with no refund of fees. If I am sent home before completion of the Program, I understand that I will be responsible for any and all costs and expenses associated with my return home. In addition, I will forfeit all credits and rights of further participation in the Program.

Initial _____ (over)

- B. Adelphi assumes no responsibility for, nor does exercise any control over, actions of any family members, visitors, or others who accompany or join an Adelphi enrolled student, volunteer, faculty member or other Adelphi employee (Participant) while such Participant is involved in the Program in any way, whether such visitor is also an Adelphi employee or student even though not a Participant, including but not limited to travel, housing, or other activities.
- C. I understand that the state of Wyoming and Montana has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use, and behavior. I recognize that behavior which violates those laws or standards could harm my own health and safety and Adelphi's relations with those governments, countries, and/or foreign institutions. I will conduct myself with awareness that standards in the particular setting may be markedly different from standards to which I am accustomed. I will take appropriate steps to familiarize myself with standards and customs as necessary so I act to reflect well on myself and Adelphi during the course of my travels related to the Program.
- D. I understand that, the possession, use of/or association with illegal drugs or public drunkenness may subject me to severe legal penalties; I understand that any student possessing, using or associated with illegal drugs will be immediately dismissed from the Program. If I disagree with this decision, I may address it in the proper forum once I return to the Adelphi campus or point of origin.
- E. I acknowledge and understand that, while I am a Participant, I am responsible for my own behavior and any legal or financial consequences as I would be in my home state.
- F. I understand that I am agreeing to enter a wilderness setting, engage in extended backcountry hiking and camping on uneven, unpaved, and unstable terrain. I understand that this will require me to pack personal possessions including a tent, sleeping bag, and clothing, when necessary, and that specific actions on my part will be required as instructed to reduce risk and prevent unwanted encounters with wildlife.

2. Institutional Arrangement

I understand that Adelphi does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer, or other provider of goods or services involved in the Program. I understand that Adelphi is not responsible for matters that are beyond its control. I hereby release Adelphi from any injury, loss, damage, accident, delay, or expense arising out of any such matters.

Initial _____ (over)

3. Program Changes

I understand that Adelphi reserves the right to make cancellations, substitutions or changes to the Program in its sole discretion, with or without notice, and Adelphi shall not be liable for any loss to Participants by reason of any such cancellation or change. Adelphi is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether the Participant or Adelphi makes a flight arrangement. Any additional expense resulting from the above will be paid by the Participant. Adelphi reserves the right to substitute hotels or accommodations or housing of a similar category at any time. If I become detached from the Program group, fail to meet a departure vehicle, airplane, boat, or train, or become sick or injured, I will at my own expense seek out, contact, and reach the Program group at its next available destination.

4. Independent Activity

I understand that, if I choose to travel independently before, during or after my time in the Program, such travel will be unsupervised by Adelphi's agents or employees. I agree that Adelphi and its agents and employees shall have no responsibility or liability for injury, damage or loss suffered by me during such periods of independent travel. This includes circumstances wherein, I choose to volunteer with the Program, its directors, or other investigators to continue working on the Program research agenda following the completion of the academic Program.

5. Health and Safety

- A. I will provide Adelphi with proof of medical insurance coverage for the period I will be in Wyoming and Montana, and if I do not have medical insurance, I will purchase a policy that covers such coverage for the duration of the Adelphi study in Wyoming and Montana program. I agree that this policy will provide coverage for injuries and illnesses I sustain or experience while in Wyoming and Montana, and, more specifically in the areas in which I will be living and/or traveling while on the Program; and I release and absolve Adelphi of all responsibility and liability for any injuries, illnesses (including death), claims, damages, charges, bills and/or expenses I may incur while in Wyoming and Montana, including periods before, during, and after the duration of the Program.

Initial _____ (over)

- B. I agree that Adelphi, through its agents and employees, may take whatever action is deemed necessary with respect to my health and safety; I authorize Adelphi and its agents and employees to place me, at their discretion and without my further consent, in a hospital or in the care of a local doctor for medical services and treatment. If necessary or desirable, I also authorize them to transport me back to the Cody, Wyoming or Billings, Montana airports or to my home city for medical treatment. I agree that I, along with my parents or guardian, will be fully responsible for any and all expenses, including transportation costs, associated with or in any way related to my medical care.
- C. I agree to report to the Program Director or Office of Sponsored Projects; as soon as I become aware of such, any physical or mental condition, I have which may require special medical attention or accommodation while in Wyoming and Montana. I understand that Adelphi may not be able to provide accommodations in Wyoming and Montana even if it could do so on campus, and that all requests for accommodations must be timely, initiated by me and processed according to the applicable policy.
- D. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that Adelphi is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care, in a foreign country or in the United States before, during or after the Program, Adelphi is not responsible for the cost or quality of such treatment or care.

6. Assumption of Risk and Release of Claims

- A. I hereby acknowledge my awareness that my participation in the Program may expose me to risk of property damage and bodily or personal injury, including death. I understand that the risks I may encounter include by way of example: airplane crashes, motor vehicle accidents, animal encounters, hypothermia, inclement weather, cuts, bruises, broken bones, sickness, and criminal acts as well as other risks that may or may not be foreseeable. I also understand that the Program may be physically challenging and will include strenuous hiking for recreation and/or as necessity and that I am willing and able to participate in such activities. I hereby assume any and all such risks, and I acknowledge that I am responsible to act reasonably and prudently with respect to matters of personal health and safety. I understand and acknowledge that Adelphi assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries

Initial _____ (over)

(including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of Adelphi, quarantine, public health risks, criminal activity, terrorism, expense, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitute of hotels, hostels, campgrounds or of common carrier or other circumstances beyond Adelphi's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, Adelphi will not be responsible for my hotel transfers, meal costs or other expenses. My baggage and personal property is at my risk entirely. The right is reserved by Adelphi, in its sole discretion, to cancel the Program or any aspect thereof after departure, requiring that all Participants return to their point of origin, if Adelphi determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued. Knowing the risks described above, and in consideration of Adelphi's arranging for my participation in the Program, individually and on behalf of any family, heirs, assigns, and personal representative(s), to the maximum extent permitted by law, I hereby assume these risks and release, waive, and forever discharge Adelphi, the Board of Trustees of Adelphi University, their members individually, and their officers, trustees, agents and employees (the "Releasees") from liability for any and all harm, injury, claims, demands, rights, causes of action, costs, and expenses of whatever kind, arising from or by reason of any loss, damage, or injury sustained by me or caused to my property, or the consequences hereof resulting from or in any way connected with my participation in the Program.

- B. This Agreement shall be construed in accordance with the laws of the State of New York, which shall be the forum for any lawsuits filed against any of the Releasees incident to this Agreement or the Program. The terms of this Agreement shall be severable, such that if a court holds any term to be illegal, unenforceable, or in conflict with any law governing this Agreement; the validity of the remaining portions shall not be affected thereby.

7. I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement.

Student Signature _____ Date _____

ADELPHI UNIVERSITY

Allergies and Asthma Disclosure

Name: _____ Your Student ID #: _____

Program: **BIO 585: Dinosaurs & National Parks**

I recognize the importance of my safety in the backcountry and that certain conditions should be acknowledged to Program supervisors to insure my safety and the safety of others. Therefore, I am disclosing the following conditions that may or may not apply to me.

Asthma Yes No If yes, is it easily treatable with medicine? Yes No

Severe Allergies Yes No If yes, is it easily treatable with medicine? Yes No

List anything you are severely allergic to below:

By signing below, you acknowledge the above is accurate and agree to provide all required medicines or shots necessary in ample quantity for the duration of the Project.

Student Signature _____ Date _____

ADELPHI UNIVERSITY

Code of Conduct & Early Dismissals

I understand that project investigators require students to be mature and respectful to others, and all participants must follow basic etiquette to ensure the safety and an overall rewarding experience. These pertain primarily to food supplies, storage, cooking preparation, and waste disposal but also to behavior. Our few rules will be outlined in the beginning of our expedition and students are asked to actively participate in keeping the camp in order. Students are responsible for following all laws and regulations of the states of Wyoming and Montana during their entire stay. Alcohol and illicit drug consumption are prohibited for the duration of the project regardless of the student's age. Irresponsible, disruptive, or potentially dangerous behavior in any regard will be grounds for immediate dismissal from the field school and/or failure in the course. Students must be in good health at the time of departure, as well as physically capable of participating in outdoor activities such as hiking, excavating, and associated tasks. This project is designed for independent discovery and personal experience so students who need constant supervision, do not enjoy camping, animals, insects, outdoors, or dirt, should not apply. Student dismissal from the project will be at the discretion of the professor and the student or parents are solely responsible for arranging, supervising, and covering the expense of any students dismissed from the project early.

Do you agree to the terms of the project stated above and in the course syllabus?

Yes No

Do you agree not to consume alcohol for the duration of the course? Yes No

Student Signature _____ Date _____

HOLD HARMLESS AGREEMENT

I, _____, agree that I shall not bring suit of any kind against **Adelphi University**, its Board of Trustees, officers, servants, agents, or employees due to my participation in this event. I agree on behalf of myself, my estate, family, assigns and heirs to indemnify and save harmless Adelphi University from and against any and all suits, liability, loss, cost, expense or damage, (including, but not limited to, reasonable counsel fees for **Adelphi University**, as well as claims for legal fees to be paid by Adelphi University for counsel for any person or party), and from and against any and all suits, claims and demands of every kind and nature, by or on behalf of any person, the estate or heirs of any person, firm, association or corporation including punitive damages, arising out of or based upon any accident, injury or damage however occurring, which may happen before, during or after the specified voluntary field trip (the event). I acknowledge that I am voluntarily participating in this event and as such I am waiving my legal rights on behalf of myself, my family, estate and heirs.

SIGNATURE: _____
Student signature

ADDRESS: _____

DATE: _____

EVENT TITLE: _____
PURPOSE: _____
DATE OF EVENT/ENGAGEMENT: _____
LOCATION OF EVENT/ENGAGEMENT: _____
TIME OF EVENT/ENGAGEMENT: _____
SPONSORING ORGANIZATION: _____

Print: Last Name, First Name Cell Phone

Emergency Person contact number Relationship