



ATTACH A COPY OF YOUR INSURANCE CARD (FRONT & BACK) HERE →

DAUPHIN ISLAND SEA LAB MEDICAL/PERSONAL LOSS RELEASE FORM

This is to certify that _____ is free from sickness or disabilities which

Print Participant's Name

would make participation in any form of activities at the DISL/MESC dangerous or inadvisable. This health statement is correct as far as I know, and the person herein named has permission to engage in all prescribed Sea Lab activities, except as noted by me (parent/guardian of minor) or a physician. In case of emergency, I understand every effort will be made to contact parents/guardians of the participant. In the event they cannot be reached, I hereby give permission to the physician selected by the Sea Lab Staff to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for person herein described.

_____ Above named has no known allergies/medical conditions:

_____ Above named has the following allergies/medical conditions:

Date of participant's last tetanus shot? _____

Participant is covered under the following medical insurance policy(ies):

Insured's name _____

Insurance company _____ Policy number _____

Additional policy name and number _____

Insured's date of birth _____

In an emergency, please contact: Name: _____

Phone: _____

Relationship: _____

DISL/MESC will not be responsible for the personal injury, medical bills obtained from personal injury/sickness, or loss of property, unless caused directly by the negligence or willful acts or omissions of DISL/MESC. The execution hereof by the participant (parent/guardian of minor under age 19) constitutes an agreement to hold MESC harmless for such injury or loss.

Parent/guardian's signature _____

Date _____

Affix seal here

Sworn to and subscribed to me this _____ day of _____, 20____

Notary Public _____

State of _____

County of _____

Commission Expiration _____

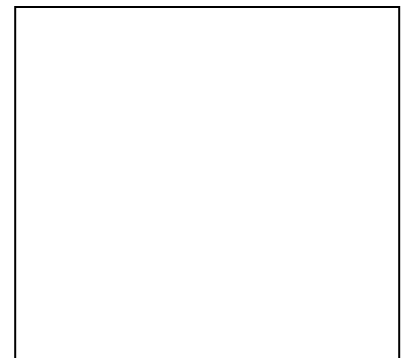




Photo Release for
 The Dauphin Island Sea Lab
 101 Bienville Boulevard
 Dauphin Island, Alabama 36528
 (251) 861-2141
www.disl.org



Name of Participant(s) (print): _____

Name of Parent/Guardian (if Participant is Under 18) (print)

Program/Class in which you participated MATE Competition

Name of school/academic institution _____

Date(s) attended program _____

Your home address _____

Ph: _____ E-mail _____



Check here to receive an e-subscription to the *Sea Lab Skimmer*, the monthly electronic newsletter of the Dauphin Island Sea Lab. The *Sea Lab Skimmer* features the latest news and stories on all the DISL's programs. We do not release email addresses to any individuals or organizations, and you may unsubscribe at any time.

Your local newspaper _____

I grant to the Dauphin Island Sea Lab the right to take photographs of me and my group in connection with the above-identified event. I authorize the Dauphin Island Sea Lab, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Dauphin Island Sea Lab may use such photographs of me with or without my name and for any lawful purpose, including for publicity, illustration, advertising, and Web content. I understand I will not receive any form of compensation for such use of any photographic and/or video images.

I have read and understand the above:

Signature _____

Signature of parent/guardian (if participant is under 18)

_____ Date _____

Return form to your DISL program registrar. Participants who have not filled out a photo release will not have a press release sent out in their name.