

## **SHIP BOARD RULES AND REGULATIONS**

The operation of research and instructional vessels presents unique and special requirements to the Captain and crew of these vessels as well as to all personnel aboard. To insure the proper use and handling of expensive and sensitive instruments and equipment, each individual who participates, in any manner, in a cruise aboard a state-owned research vessel must comply with all the following rules and regulations unless otherwise instructed by the Captain, crew or the instructor in charge of the scientific party;

1. The Captain has the total responsibility for the safety and well being of all persons aboard the vessel. Therefore, do exactly as the Captain says.
2. If anyone falls overboard or if a person is spotted in the water, immediately throw a life ring or float to the person, notify the Captain, and keep your eye on the person at all times.
3. Closed rubber-soled shoes must be worn at all times on the vessel (flip-flops and TEVA's are not acceptable).
4. Always watch where you are walking. Use your hands to help balance yourself and grip handrails.
5. Do not touch any of the equipment or instruments unless you are instructed to do so.
6. Swimming or jumping from the vessel and horseplay is prohibited.
7. Do not leave the vessel until the Captain, crew or the person in charge of your group tells you to do so.
8. Report any observed malfunction, including suspicious oil, water or smoke to the person in charge of your group.
9. Never go on deck at night or in rough seas without a companion.
10. Alcoholic beverages or other drugs are not permitted on board, nor will anyone under the influence of drugs be permitted on board. Any incidents must be reported to the director.
11. Knives and other weapons are prohibited. Any equipment brought aboard for teaching or research must be approved by the captain.

## **COMMON SENSE AND RECOMMENDATIONS**

1. Be aware that you are more susceptible to the elements (sun, wind, heat and low temperatures) while at sea than on land.
2. Do not throw trash or debris overboard or onto the deck.
3. Stay off the upper decks and out of the wheel house, engine room and below deck areas unless given permission to enter these areas.
4. NO SMOKING ON VESSEL.
5. If you have comments or complaints concerning the cruise or the vessel, tell the person in charge of your group, not the Captain.

## **CHIEF SCIENTIST/INSTRUCTOR/RESPONSIBILITIES**

1. Hand out and explain "Ship Board Rules and Regulations" to each person boarding vessel.
2. Make sure the people boarding boat are dressed properly (rubber soled shoes, sun protection and foul weather gear).
3. Introduce the Captain and crew and reemphasize the Captain's responsibility and authority.
4. On board, locate for your group the life preservers, head (bathroom), and off limit areas.
5. On board the vessel, be aware of your group's conduct.

## Dauphin Island Sea Lab Vessel Release Form

This form must be signed before a notary public by the participant (or by the participant's parent/guardian if the participant is under 19 years of age) and on file with the Marine Environmental Sciences Consortium (Dauphin Island Sea Lab) Before a person will be allowed to board any vessel belonging to, or chartered by, the Dauphin Island Sea Lab/Marine Environmental Sciences Consortium.

**FOR AND IN CONSIDERATION of allowing** \_\_\_\_\_  
Print Participant's Name

To board any vessel owned or chartered by the Marine Environmental Sciences Consortium and used for instructional or research purposes and in allowing same to participate in activities conducted on said vessel, I, the undersigned, hereby and herewith voluntarily consent to and waive the responsibility of the Board of Directors of the Marine Environmental Sciences Consortium, their officials, or agents, for any mishap or injury to said person or property of said person while embarking, while on board, or while disembarking from said vessel. I the undersigned, further hereby indemnify the Marine Environmental Sciences Consortium, their officials or agents, from any injury or damage to the person or property of said person that may arise out of allowing said person to participate in any of the aforementioned activities.

**If you are under 19 years of age:**

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**If you are 19 years of age or older:**

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Affix seal here

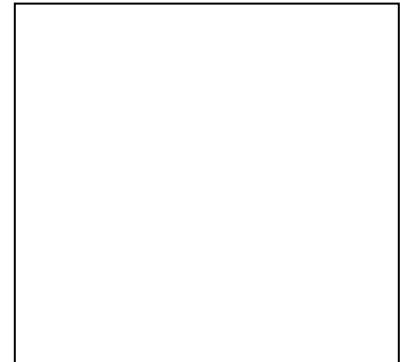
Sworn to and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Commission Expiration \_\_\_\_\_



**DAUPHIN ISLAND SEA LAB MEDICAL/PERSONAL LOSS RELEASE FORM**

This is to certify that \_\_\_\_\_ is free from sickness or disabilities which would

Print Participant's Name

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 Soc. Sec. Number \_\_\_\_\_ Insured's date of birth \_\_\_\_\_

In an emergency, please contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

DISL/MESC, while exercising every precaution, will not be responsible for the personal injury, medical bills obtained from personal injury/sickness or loss of property, however occasioned. The execution hereof by the participant (parent/guardian of minor under age 21) constitutes an agreement to hold MESC harmless for such injury or loss.

Parent/guardian's signature \_\_\_\_\_

If participant is less than 19 years of age

Date \_\_\_\_\_

Participant's signature \_\_\_\_\_

Date \_\_\_\_\_

Sworn to and subscribed to me this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_

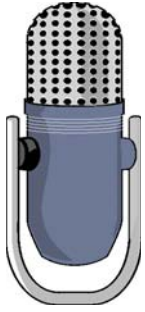
Notary Public \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Commission Expiration \_\_\_\_\_





**Media Liability Release**  
**Dauphin Island Sea Lab**  
**101 Bienville Blvd**  
**Dauphin Island, AL 36528**  
*Individual Release Form*

Name of participant/student: \_\_\_\_\_  
(please print clearly)

Class(es) in which you participated: \_\_\_\_\_  
(e.g., Coral Reel Ecology, Marine Invertebrates, DHP Summer School, World of Water, REU, etc.)

Name of your school/academic institution \_\_\_\_\_

Date(s) attended Sea Lab: \_\_\_\_\_

Your home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Phone number: Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Check here to receive e-mail notification when the newest issue of Tidings, the biannual newsletter of the Dauphin Island Sea Lab, is on-line. Tidings features the latest news and feature stories on all Sea Lab programs and activities. (Note: We do not release e-mail addresses to any individuals or organizations)

Your local newspaper: \_\_\_\_\_

School newspaper: \_\_\_\_\_

I have read and/or completed the above document and understand that my name and photograph may be distributed and reproduced to publicize my visit to the Dauphin Island Sea Lab in various media outlets, as well as in the Sea Lab's bulletins, newsletters and other DISL publications. I understand I will not receive any form of compensation for such use of any photographic images.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

Please return this form to the Receptionists Desk in the Admin Building, or to your registrar (Sally Brennan or Denise Keaton). Participants who have not filled out a media release form will not have a press release sent out in their name.