



**PARENTAL INDEMNIFICATION FORM FOR ALL MINORS IN USER PROGRAMS at the Shoals Marine Laboratory on Appledore Island, Maine.**

***Please complete and return this form within 10 business days of receiving it from SML:***

FAX: (603) 430-5221

eMAIL: [shoals-lab-east@cornell.edu](mailto:shoals-lab-east@cornell.edu)

MAIL: Shoals Marine Laboratory, 400 Little Harbor Road, Portsmouth, NH 03801

**I HEREBY ACKNOWLEDGE AND AGREE** that my child's participation in Shoals Marine Laboratory programs, and their time at, Shoals Marine Laboratory on Appledore Island has inherent risks. I understand that the risk of traveling to and from the island via water vessel is present. I understand that the island surface is composed mainly of rock of which there may be no set path for walking, and which can be slippery. In addition, I agree that the island, by its nature, is surrounded by water, and as such the chance of injury associated with immersion in water or the hazards of the shoreline are present. I agree that I will discuss these risks with my child and make sure they understand the risk involved with this activity.

**Indemnification/Hold Harmless** - In consideration of my child's participation in Shoals Marine Laboratory programs on Appledore Island, I, the undersigned, on behalf of my child, myself, my heirs, representatives, executors, administrators and assigns, do hereby agree to defend, indemnify, and hold harmless Cornell University and The University of New Hampshire, their Trustees, officers, agents, and employees (collectively Shoals Marine Lab) from any cause of action, claims, or demands of any nature whatsoever, which I, my child, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against Shoals Marine Lab on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my child's participation Shoals Marine Laboratory programs and my time at Appledore Island, whether that participation is supervised or unsupervised, howsoever the injury or damage is caused, other than those injuries resulting from the sole negligence of Shoals Marine Laboratory.

I certify that my child is in good health and has no physical limitations that would preclude their safe participation.

I understand that the terms of this agreement are legally binding and I certify that I am carefully signing this agreement, after having carefully read same, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed, this \_\_\_ day of \_\_\_\_\_, 2011.

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Print participant name

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Parent/Guardian signature

(date)

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Parent/Guardian name