

R/V LANGSETH Next Of Kin/Security ID Form

Cruise ID:

Chief Scientist:

Your Name:

(last)

(first)

(Middle Initial)

Address:

(Street and Number, City)

State, Zip, country

Telephone

email

Date of Birth:

Month.Day/Year

Place of Birth:

Research

Affiliation:

Position:

Emergency office contact - Name:

Phone:

US Driver License info:

State :

ID Number:

Passport #

nationality

Expires:

US Social Security #

Next of Kin - Name:

Relationship:

Telephone:

Address:

(Street and Number, City)

State, Zip, country

Waiver and indemnity form for all Non-Columbia University Employee Cruise Participants

1. I am about to participate in the cruise identified above on the R/V Langseth, a vessel operated by the Trustees of Columbia University in the City of New York. I am doing so at my own request. I recognize that there are risks inherent in such a cruise and I hereby voluntarily assume all risks.

2. I understand that Columbia University will not be responsible or liable for any loss, theft or damage of any kind to any of my personal property occurring during or on account of the cruise.

3. As a condition to and in consideration of Columbia University's permission to participate in said cruise, to use the R/V Marcus G. Langseth and associated facilities, I hereby agree on my behalf and on behalf of my heirs and all other potential claimants on my behalf, to defend, indemnify and hold harmless Columbia University, its trustees, officers, employees and agents (and the United States Government) from and against any and all actions, proceedings, claims, liabilities, losses, judgements, damages, costs and expenses resulting from injury or death to any person or damage to any property arising out of or incident to, directly or indirectly, by my participation or presence in the cruise, **except** for bodily injury or property damage caused by the gross negligence or willful misconduct of Columbia University.

signature,

date

Please print, sign, fax to: John Diebold 845-359-6817