

R/V LANGSETH NEXT OF KIN/ SECURITY ID FORM

Cruise Number: ML06- \_\_\_\_\_ Chief Scientist: \_\_\_\_\_

Your Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street and Number) (City)

\_\_\_\_\_  
(State) (Zip Code) (Country) (Telephone)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Month/Day/Year)

Research Affiliation: \_\_\_\_\_ Position on Cruise: \_\_\_\_\_

In case of emergency, office contact - Name: \_\_\_\_\_ Phone: \_\_\_\_\_

US Driver's license info: State: \_\_\_\_\_ ID Number: \_\_\_\_\_

Passport #: \_\_\_\_\_ Nationality: \_\_\_\_\_ Expires: \_\_\_\_\_

Date & place of Issue: \_\_\_\_\_ U. S. Social Security #: \_\_\_\_\_

Next Of Kin - name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street and Number) (City)

\_\_\_\_\_  
(State) (Zip Code) (Country) (Telephone)

**Waiver & Indemnity Form for All Non-Columbia University Employee Cruise Participants**

1. I am about to participate the cruise identified above on the R/V Marcus Langseth, a vessel operated by the Trustees of Columbia University in the City of New York. I am doing so at my request. I recognize that there are risks inherent in such a cruise and I hereby voluntarily assume all such 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 said cruise, to use the R/V Marcus 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 proceeding, claims, liabilities, losses, judgments, 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, 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 of Cruise Participant Date

Return to: John Diebold, OMA, L-DEO, Box 1000, Route 9W, Palisades, NY. 10964  
Fax: 845-359-6817