Marine Immersion
Student questionnaire

Please return to Jessica Bolker:
Department of Biological Sciences, 216 Rudman Hall, 46 College Rd., Durham NH 03824
or jbolker@unh.edu
or (fax) 603-862-3784

NAME: _____________________________________________________________

Home town/High School: _____________________________________________

What is your background in biology? Marine biology?

Have you taken summer courses or had other field or research experience? (what, where, when?)

Are there any health or other physical issues that might affect your ability to do moderately strenuous fieldwork (climbing around on rocks, carrying buckets of water)? (These do not disqualify you from full participation in the course; it will just be helpful to everyone if I know in advance. Food allergies and other dietary limitations are readily accommodated at SML with advance notice.)
What area of biology, or group of organisms, do you know the most about – and how did you acquire that knowledge?

What do you consider your strongest skills, academically and otherwise?

What do you want to learn – during Marine Immersion, and more generally?

What is your greatest concern about this class?

What would you like to be able to say about Marine Immersion at the end of the course?

What are you reading right now (or what is the last book you read)? What do you want to read next? (not necessarily science books!)

What is a specific thing that your good friends know about you, but that someone meeting you for the first time would not necessarily realize right away? (something you don’t mind sharing – I need this info for a trivia game….)

Anything else you’d like us to know up front:
Health History form for Shoals Marine Laboratory on Appledore Island, Maine

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

Mail to: Jessica Bolker, Department of Biological Sciences, 216 Rudman Hall, 46 College Road,
Durham NH 03824 or Fax to: (603) 862-3784

Please PRINT all of your responses. All fields are required. The information provided below will be only be used by Shoals Marine Laboratory (SML), Cornell University, the University of New Hampshire (UNH) and appropriate medical personnel. The information will not be released outside of SML, Cornell, UNH and emergency responders without your written permission.

**Personal Information**
Name of participant: __________________________ Date of Birth: __________________________

Participant cell phone: _____________________________________________________________

Participant email: ________________________________________________________________

Participant mailing address: _________________________________________________________

**Emergency Contact Information**
Name of emergency contact (Parent, Legal Guardian): ________________________________

Relationship of emergency contact to participant: _________________________________

Emergency contact phone: _______________________________________________________

Emergency contact email: _______________________________________________________

**Insurance Information**
Name of Insurance Company: _____________________________________________________

Policy number: ___________________________ Policyholder’s name: _________________________

Relationship to policyholder (self, father, mother, guardian): ____________________________

**General Health and Medical Information**
Please indicate below any existing or previous medical conditions (physical and/or mental) that may require special attention (e.g. epilepsy, asthma, handicap, anxiety, depression, etc.). Use additional pages if needed. Allergies and dietary/food preferences in next section.

Can you swim? ___________________________
Participant Name ____________________________

Information about Allergies and/or Allergic Reactions

Allergies to medications: ____________________________

Other environmental allergies (e.g. bee stings, etc.): ____________________________

Food related allergies; please be specific (e.g., if seafood, what type; if nuts, what kind?). Our kitchen staff needs this information to best serve your needs: ____________________________

Do you have a prescription for an Epi-pen or an inhaler? ____________________________

Dietary Requirements/Preferences

Indicate vegetarian, vegan, lactose intolerant, gluten-free (food allergy or preference?), etc. Please be specific; our kitchen staff needs this information to best serve your needs: ____________________________

Prescription Information (required)

Please list any prescriptions that you will be bringing with you. Be sure to bring a sufficient supply for your time on the island – also see below*: ____________________________

Please let us know if any prescriptions or other medications you are bringing (specify) need to be refrigerated: ____________________________

*Please note: In the event that any of your prescriptions need to be re-filled, or a new prescription is needed because of an emergency, prescriptions should be called into: CVS Pharmacy, 674 Islington Street, Portsmouth, NH 03801; 603-431-0234. Prescription payments are the responsibility of the participant and must be prepaid by credit card, directly to the pharmacy prior to pick-up by an SML staff member. You will need to indicate to the pharmacy that SML staff has your permission to pick up the prescription.

Will any of your prescriptions (please specify) need to be administered by a nurse or doctor?**
Circle one: Yes / No

**If so, we will have to notify medical personnel on neighboring Star Island. Your signature on the next page will allow us to do so.
Authorization for Medical Treatment and Permission to Disclose Medical Records
I hereby authorize a staff representative of the Shoals Marine Laboratory to act on my behalf in the event that I become ill or injured and unable to provide informed consent for medical treatment. I further authorize a Shoals staff representative to administer or secure proper emergency treatment, including x-ray, examination, anesthetic, medical, surgical, or treatment, and/or hospital care, to be rendered under the supervision and on the advice of a licensed physician or surgeon as appropriate, during the period the registrant is enrolled in Shoals Marine Laboratory’s summer program. In the event of a medical emergency, SML will make a good faith effort to contact a parent, legal guardian or emergency contact as soon as possible. I understand that it may be necessary for SML to disclose my medical records and personal information to SML staff members and to anyone involved in my medical care that needs the information (e.g., physicians, hospitals, emergency personnel, or other persons or entities involved in providing medical care or assistance) on a reasonable need-to-know basis.

Participant signature ___________________________ (date)

Print participant name, and email ___________________________

Parent/Guardian signature (required if participant is a minor/under 18) ___________________________ (date)

Print Parent/Guardian name, and email (required if participant is a minor/under 18) ___________________________

Authorization for dispensing “over the counter” Medication to Minors (if participant is under 18)
I hereby authorize a staff representative of the Shoals Marine Laboratory to provide over the counter medication in the event of any minor discomfort that should arise while at SML, e.g. Tylenol (or a generic brand) for a headache, Pepto Bismol (or a generic brand) for a stomach ache, Sudafed (or a generic brand) for a runny nose, Bonine (or a generic brand) for motion sickness, etc.

Parent/Guardian signature (required if participant is a minor/under 18) ___________________________ (date)

Print Parent/Guardian name, and email (required if participant is a minor/under 18) ___________________________ (date)
Code of conduct and social ethics form for Shoals Marine Laboratory on Appledore Island, Maine
Please complete and return this form within 10 business days of receiving it from Shoals

Since 1966, Shoals Marine Laboratory has been conducting rigorous academic programs offering participants a chance to experience marine science and related subjects in a remote field station setting. One of the hallmarks of this experience is the enduring sense of community that occurs between our participants, faculty and staff, due to our isolated island environment. You should decide to participate in Shoals Marine Laboratory only if you are committed to maintaining the highest academic and social standards. As a member of the Shoals community, you are expected to behave in a responsible manner, and to be courteous and respectful to fellow participants, faculty and staff.

Academic Rules and Regulations:
The following rules and regulations are strictly enforced. Violation will result in a hearing with faculty and the SML Director and may result in legal proceedings at the Federal/State level. Continued enrollment is at the discretion of the Director. Participants dismissed from the program are not entitled to a refund of course costs, and will be required to leave Appledore Island immediately.

Although State of Maine law currently permits the private recreational use of marijuana by individuals 21 years of age or older, federal laws prohibit the use, possession and/or cultivation of marijuana at educational institutions. The transportation of marijuana aboard United States Coast Guard inspected vessels is illegal, with severe penalties imposed for violations. The Shoals Marine Laboratory follows the Federal Controlled Substances Act, the Drug Free Schools and Communities Act of 1989, and the Drug Free Workplace Act of 1988. The use, possession, or cultivation of marijuana is therefore prohibited in any Shoals Marine Laboratory controlled programs, housing, vessel, vehicle, or property. Any individual who violates these policies through the use or possession of federally illegal drugs may be subject to disciplinary action including but not limited to termination or expulsion without refund of expenses.

Participants will not engage in:
Behavior that is offensive, disruptive or dangerous to other participants, faculty and staff; active or passive harassment/discrimination based on race, color, creed, religion, national or ethnic origin, sex, sexual orientation, gender identity or expression, age, disability, or veteran status; plagiarism or any form of academic dishonesty; possession of weapons or fireworks; downloading of illegal materials.

Participants will:
Abide by the drug and alcohol policies of the Shoals Marine Laboratory; treat the physical and biological environment of the island, including SML buildings, furniture and equipment, with care and respect; abide by all applicable federal, state and town laws; attend class regularly and participate fully in all courses in which they are enrolled.

Your signature indicates that you have read these rules and regulations and agree to abide by them.

Participant signature (date)

Print participant name, and email

Parent/Guardian signature (required if participant is a minor/under 18) (date)

Print Parent/Guardian name, and email (required if participant is a minor/under 18)
Release and hold harmless form for Shoals Marine Laboratory on Appledore Island, Maine
(For participants 18 years of age or older)

Please complete and return this form within 10 business days of receiving it from Shoals.
Mail to: Jessica Bolker, Department of Biological Sciences, 216 Rudman Hall, 46 College Road, Durham NH 03824,
or Fax to: 603.862.3784

I Hereby Acknowledge and Agree that my participation in, and my time at Shoals Marine Laboratory on Appledore Island have 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.

Release/Indemnification - In consideration of my participation in, and my time at Shoals Marine Laboratory on Appledore Island, I, the undersigned, on behalf of myself, my heirs, representatives, executors, administrators and assigns, do hereby release, 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 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 participation in 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 I am in good health and that I have no physical limitations that would preclude my safe participation.

I further certify that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement. 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, _____________________________.
(date)

Participant signature _____________________________.
(date)

Print participant name, and email

[Logos of Cornell University and University of New Hampshire]

Shoals Marine Laboratory on Appledore Island, Isles of Shoals, Maine: Dedicated to undergraduate education and research in marine science since 1966
Multimedia agreement and release form for Shoals Marine Laboratory on Appledore Island, Maine

Please complete and return this form within 10 business days of receiving it from Shoals.

Mail to: Jessica Bolker, Department of Biological Sciences, 216 Rudman Hall, 46 College Road, Durham, NH 03824,
or Fax to: 603.862.3784

1. I, ____________________________________________, have been informed and subsequently understand that the Shoals Marine Laboratory (hereinafter referred to as SML), which is a joint partnership between Cornell University and the University of New Hampshire, continuously updates its multimedia products, including, but not limited to: web content, broadcast television, educational productions, and printed promotional materials in which my name, likeness, image, and/or voice may be included.

2. I hereby grant SML and its employees and agents, the right to make, use and publish in whole, or in part, any recorded footage in which my name, likeness, image and/or voice may be included (hereinafter “Recordings”) whether recorded on or transferred to videotape, film, slides, photographs, audio tape, digital format, print media or other media now known or hereafter developed. This includes, without limitation, the right to edit, mix, duplicate, use or reuse Recordings as desired without restriction as to changes or alterations.

3. I also grant SML the right to distribute, display, broadcast, exhibit, and market any of said recordings, either alone or as part of its finished productions; for commercial or non-commercial purposes as SML or its employees and agents may determine. This includes the right to use said recordings for promotion or publicizing any of these uses.

4. I hereby waive any and all rights that I may have to inspect or approve the finished product or printed matter that may be used in connection therewith.

5. I expressly release SML, and all persons acting under its permission or authority, from any claim or liability arising out of or in any way connected with the above uses and representations including any and all claims for defamation or copyright infringement.

6. I understand that I will not be named in the credits of the work, but may be named elsewhere in the work if interviewed directly.

7. I am over the age of eighteen, and have read the above release, and fully understand its contents. (Parent/Guardian Signature required if participant/student is under 18 years of age.)

Participant signature __________________________ (date)________________________

Print participant name, and email ________________________________________

Parent/Guardian signature (required if participant is a minor/under 18) __________________________ (date)________________________

Print Parent/Guardian name, and email (required if participant is a minor/under 18) ______________________________________