

**APPLICATION AND PERMIT TO CONDUCT SCIENTIFIC
RESEARCH AND COLLECTIONS
Optional Liability Waiver Addendum - Continued (multiple participants)**

APPLICANT ORGANIZATION NAME	PRINCIPAL INVESTIGATOR	PROJECT TITLE
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At the sole discretion of the responsible reviewer, the Department may require Applicant Organization to submit signed liability waivers from all field participants. Waivers will be required when permitted activities involve unusual or hazardous situations.

ALL PARTICIPANTS MUST READ PAGE 1 Waiver of Liability and Assumption of Risk Agreement BEFORE SIGNING

Acknowledgment of Understanding: My signature below indicates that I have read the waiver of liability (page 1) and assumption of risk agreement, and I fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

1	SIGNATURE OF PARTICIPANT	PARTICIPANT'S PRINTED NAME	DATE
	SIGNATURE OF PARENT/GUARDIAN (IF MINOR)	PARENT/GUARDIAN'S PRINTED NAME	DATE
2	SIGNATURE OF PARTICIPANT	PARTICIPANT'S PRINTED NAME	DATE
	SIGNATURE OF PARENT/GUARDIAN (IF MINOR)	PARENT/GUARDIAN'S PRINTED NAME	DATE
3	SIGNATURE OF PARTICIPANT	PARTICIPANT'S PRINTED NAME	DATE
	SIGNATURE OF PARENT/GUARDIAN (IF MINOR)	PARENT/GUARDIAN'S PRINTED NAME	DATE
4	SIGNATURE OF PARTICIPANT	PARTICIPANT'S PRINTED NAME	DATE
	SIGNATURE OF PARENT/GUARDIAN (IF MINOR)	PARENT/GUARDIAN'S PRINTED NAME	DATE
5	SIGNATURE OF PARTICIPANT	PARTICIPANT'S PRINTED NAME	DATE
	SIGNATURE OF PARENT/GUARDIAN (IF MINOR)	PARENT/GUARDIAN'S PRINTED NAME	DATE
6	SIGNATURE OF PARTICIPANT	PARTICIPANT'S PRINTED NAME	DATE
	SIGNATURE OF PARENT/GUARDIAN (IF MINOR)	PARENT/GUARDIAN'S PRINTED NAME	DATE
7	SIGNATURE OF PARTICIPANT	PARTICIPANT'S PRINTED NAME	DATE
	SIGNATURE OF PARENT/GUARDIAN (IF MINOR)	PARENT/GUARDIAN'S PRINTED NAME	DATE