



RV Janan

Liability Waiver and Disclaimer Form

I (passenger name), _____, hereby confirm that I am aware that oceanographic expeditions in research vessels have inherent risks, and that ignoring or belittling safety and security rules may result in serious injury or death.

I understand that the vessel can stay several days offshore and that a pre-programed schedule must be followed. It is my responsibility to keep myself informed of the schedule, obey instructions from the ship crew, and follow the previously confirmed protocols. In addition, I understand that some offshore areas may not be covered by cell phone or internet signals, and that my next of kin may not be informed of my whereabouts on the cruise. I understand that I need to bring my own medication for any health needs I may have. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions.

I understand and agree that neither the ESC nor its staff may be held liable or responsible in any way for any injury, death or other damages to me or my property, that may occur as a result of my own negligence or disrespect for the vessel, its rules, or my special needs - whether passive or active during my participation in this cruise. I hereby personally assume all risks for any harm, injury or damage, whether foreseen or unforeseen, that may befall me due to my own negligence whilst boarding the vessel, onboard the vessel, and disembarking the vessel.

I further state that I am of lawful age (18 years and above) and legally competent to sign this Liability Waiver and Disclaimer Form - or that I have acquired the written consent of my parent or guardian.

I understand that the terms herein are contractual and not a mere recital and that I have signed this form and agree to waive liabilities on my own free will.

I have fully informed myself of the contents of Liability Waiver and Disclaimer Form and accept the conditions herein.

Passengers Signature:

Must be signed by Parent/Husband/Guardian:

Date (Day/Month/Year)