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			
		Otate, zip, odanii	,
	Telephone		email
Date of Birth:	Month Doy/Year	Place of Birth:	
Research Affiliation:	Month.Day/Year	Position:	
Emergency off	ice contact - Name:		Phone:
US Driver Lice	nse info: State :	ID Number:	
Passport #		nationality	Expires:
Next of Kin - Name: Relationship: Telephone: Address: (Street and Number, City)			
State, Zip, country			
1. I am about to particip New York. I am doing so 2. I understand that Coloccurring during or on a 3. As a condition to and associated facilities, I he hold harmless Columbia	ate in the cruise identified above of at my own request. I recognize umbia University will not be respected in consideration of Columbia University agree on my behalf and of a University, its trustees, officers	e on the R/V Langseth, a vessel oper that there are risks inherent in such onsible or liable for any loss, theft of University's permission to participate in behalf of my heirs and all other ps, employees and agents (and the	resity Employee Cruise Participants erated by the Trustees of Columbia University in the City of a cruise and I hereby voluntarily assume all risks. or damage of any kind to any of my personal property e in said cruise, to use the R/V Marcus G. Langseth and otential claimants on my behalf, to defend, indemnify and United States Government) from and against any and all resulting from injury or death to any person or damage to
	of or incident to, directly or indire gross negligence or willful misco	ectly, by my participation or presenc nduct of Columbia University.	e in the cruise, except for bodily injury or property
signature,	- • •	date	<u> </u>