

VIERS GUEST REGISTRATION FORM

Schedule E 05/13

EACH OVERNIGHT VISITOR MUST COMPLETE THIS FORM

EMERGENCY MEDICAL CARE INSURANCE AND TRIP CANCELLATION INSURANCE IS ADVISED

The Virgin Islands Environmental Resource Station (VIERS) is a facility of the University of the Virgin Islands located in the Virgin Islands National Park on the remote south side of St. John and is operated by Clean Islands International, a U.S. IRS 501(c)(3) and Virgin Islands nonprofit organized exclusively for educational, scientific and charitable purposes.

To be accepted as an overnight visitor of the University of the Virgin Islands Environmental Resource Station (VIERS), each section below must be initialed by the visitor (and parent/guardian if under 21 years old) and signature(s) provided below.

Name: **Arrival Date:** **Departure Date:**
Mailing Address: **Group Name:**
City/State/ZIP: **Special Health Conditions:**
Tel: **Cell:** **Special Dietary Requirements:**
Email: **Emergency Contact Name:**
Age: **Sex:** Female Male **Contact's Tel #:**

LIABILITY CLAIM WAIVER: NOTE: This instrument is a waiver of your legal right to collect damages from Clean Islands International, Inc (CII), the University of the Virgin Islands (UVI), or the Virgin Islands National Park (VINP), or program sponsors in the event of your injury or death or in the event of damage, destruction, loss or theft of your property. If you do not understand this waiver, please consult an attorney. **Initials:**

CLAIMS: In consideration for being granted permission to utilize the (VIERS) facilities, I hereby waive and relinquish any right, claim or cause of action which I or my heirs or personal representatives may in the future have against CII, UVI, and VINP or its officers, agents or employees, which may arise during the course of my stay at VIERS facilities (including transportation of any kind on land or sea associated with said facilities) as a result of any injury to myself, no matter how serious and whether or not resulting in death and/or damage, destruction, loss or theft of any of my personal property. **Initials:**

MEDICAL RELEASE: I authorize VIERS representatives to administer basic first aid if required. In case of emergency, I authorize VIERS representatives to contact any physician, hospital and/or health care provider to provide medical treatment promptly and with no financial responsibility to VIERS or VIERS representatives whether or not a parent/ guardian can be contacted and informed. I understand fully that VIERS is not financially responsible for any medical treatment costs and/or medical emergency transportation by land, water or air. **Initials:**

AGREEMENT TO OBEY PARK RULES: I will comply fully with: 1) restrictions on the collection of scientific specimens; 2) prohibitions against the introduction of exotic organisms into the Park; and 3) against the destruction or alternation of VINP landscapes, biota, ecosystems, and cultural resources, without prior written permission from the VINP. **Initials:**

AGREEMENT TO OBEY VIERS RULES: I will observe the rules and regulations of VIERS, UVI and the VINP. I understand that disorderly conduct and/or inappropriate behavior is not acceptable and will not be tolerated. **Initials:**

AGREEMENT TO DAMAGES POLICY: I understand that if there are any damages as a result of my actions, I will reimburse VIERS for the item(s) or materials, any labor costs and inconvenience expenses plus 15%. **Initials:**

AGREEMENT TO OBEY NO SMOKING POLICY: I understand that UVI and VIERS policies prohibit smoking and open flames (candles, bug sticks, etc) in any of VIERS buildings and/or grounds. **Initials:**

AGREEMENT TO OBEY ILLEGAL DRUGS POLICY: I will comply fully with prohibitions against the use of illegal drugs while at VIERS and in VINP. **Initials:**

STUDENTS AGREEMENT TO OBEY ALCOHOL POLICY: I will comply fully with any prohibitions against the possession, consumption and/or abuse of alcoholic beverages by students (of any age) while at VIERS and its surrounding area. **Initials:**

NON-STUDENTS AGREEMENT TO OBEY ALCOHOL POLICY: I will comply fully with prohibitions against the abuse of alcoholic beverages while at VIERS and in the VINP. **Initials:**

FAILURE TO OBEY: I understand that failure to obey the rules and regulations of VIERS, UVI and VINP could result in my immediate expulsion from VIERS and the VI National Park. **Initials:**

PUBLICITY AUTHORIZATION: I consent to the use of any photographs taken of myself for educational and public relations purposes related to VIERS. **Initials:**

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND, AND AGREE TO THE TERMS OF THIS DOCUMENT:

Signature of Visitor: **Date:**

Printed Name of Parent/Guardian if Visitor is under 21: **Signature of Parent:**