



Wild Dolphin Project Field Participant Application

WDP, PO Box 8436, Jupiter, FL 33468 (561) 575-5660 fax: (561) 575-5681

For participation on trip/trips during the year: _____

Name: (First)			(MI)			(Last)		
Address:								
City:						State:		
Country:						Zip code:		
Home phone #:						Work/Mobile #:		
Email:						Date of Birth:		
Passport #:						Citizenship:		
Passport Expiration Date:						Date/Place Issued:		

In case of emergency notify:

Name:				Home Phone #:			
Address:				Work Phone #:			
City:				State:			
Country:				Zipcode:			
Statement of general health (please check one):		Poor:	Average:	Good:	Excellent:		
Health Insurance (Company/Policy #):							
Does your health insurance cover you out of country?							
Personal Medications?				Food allergies?			
Strict Food Requirements?							
Height:		Weight:		Sex:	Smoker:		Good Snorkeler?
Are you a previous WDP participant?							

***Please circle appropriate skills you possess:**

Photography Boat Maintenance Data collection Cooking Computer(PC/Mac) Video

Reservations/Cancellations: Your balance is due 90 days before departure. Deposit of 50% must be made to reserve your spot. Whenever possible, we try to fill your spot if you decide to cancel. If we are unable to do so, the following cancellation policy holds:

Cancellations made by you will entitle you to a refund less a cancellation fee. (Based on date your written cancellation is received by our office.)

More than 6 months prior to departure:	\$50
90 - 179 days prior to departure:	\$150
60 - 90 days prior to departure:	\$500
45 - 60 days prior to departure:	75% of trip price
Less than 45 days prior to departure	100% of trip price

We have the right to cancel if full payment is not received 90 prior to departure.

Included/Not Included: Price includes accommodations onboard *Stenella*, meals and beverages on board the boat. Price does not include air or other travel to trip departure point, taxis, snorkeling equipment, personal items, passports, airport taxes, insurance, laundry, entertainment or meals while on shore, medical or hospitalization costs, or additional expenses arising from delay or extension of expedition due to weather, sickness, transportation failure or other causes beyond our control.

Travel Insurance

The Wild Dolphin Project recommends that you purchase short-term travel insurance and trip cancellation coverage to protect yourself and your equipment if you or weather, or boat circumstances makes it necessary to cancel or interrupt your trip. This insurance will reimburse you for non-refundable air, and WDP trip costs in case of cancellation. Please make sure and carefully read over our cancellation policy. Unfortunately, due to cancellations, weather, mechanical failure, etc., some last-minute cancellations are unavoidable. Both types of coverage are available through your insurance agent or travel agent.

Health Insurance

Please confirm if your health insurance will cover you in the Bahamas. WDP also recommends that you purchase diving insurance in order to be covered for any accidents that may occur while you are in the water, including emergency evacuation via helicopter. If you are interested in purchasing diving insurance (for snorkeling as well as scuba diving), you can learn more about Divers Alert Network (DAN) Insurance at www.diversalertnetwork.org or by calling 1-800-446-2671. They offer various plans ranging from \$25 to \$70 a year that include reimbursement for medical bills due to diving injuries at any depth, lost equipment, trip cancellations, etc.

Under subscriptions: on a particular trip may require that we cancel and transfer you to another. If you prefer, we will of course refund in full the deposit and payments you have made. In no event, however, shall our liability exceed the obligation to refund the amount you paid to us.

Withdrawal: Wild Dolphin Project reserves the right to require any participant to withdraw from an expedition at any time if the director deems his or her acts or

conduct to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the expedition, the research or the dolphins.

Children: Please contact us beforehand for children under 16 years of age.

Smoking: Restricted to outside aft deck.

I have read the above statements and cancellation policies.

Signature of applicant *date*

Print Name

Signature of parent/guardian if applicant under 21

Name:-----

Trip Date:-----

Agreement of Liability, Responsibility, Release and Waiver

Liability and Release: In traveling to and from any WDP research trip and during the trip itself, there are certain risks and dangers, including but not limited to the hazards arising from the forces of nature, from living aboard a ship, from accident or illness without medical facilities, and from travel itself. In consideration of and as part payment for, the right to participate in any WDP trip, I hereby voluntarily assume the risk for all of those and all other reasonable foreseeable hazards, which may be encountered on a WDP expedition. I agree to hold the Wild Dolphin Project harmless from any and all liability, actions, causes of actions, debts, claims and demands of every kind and nature whatsoever, including but not limited to those arising from loss, injury, damage or inconvenience to person or property in connection with any WDP trip. It is further understood by me that while on a WDP research trip, the opportunity may arise for me to leave the safety of the boat and enter the ocean to either swim, snorkel, kayak, participate in research, interact with dolphins or participate in any other water sport activity; that if I choose to do so, it is my own independent, voluntary decision, and I realize that I am exposing myself to the risks (both known and unknown) of nature which may include but are not limited to unpredictable ocean currents and waves, sudden storms, and encounters with ocean creatures. Further, knowing the risks, I certify that I am a capable swimmer and snorkeler choosing to enter the water at my own risk with no liability for the consequences of my decision and actions extending to the Wild Dolphin Project employees, board members or contractors.

I have read and agree with the conditions and the "Agreement of Liability, Responsibility, Release and Waiver" as stated above. I UNDERSTAND THAT I AM WAIVING MY RIGHTS TO SUE IN COURT OR TO SEEK DAMAGES.

Print Name

----- Date:-----

Signature of Applicant

----- Date:-----

Signature of Parent/Guardian if Applicant is under 21

Publication Agreement: The purpose of WDP's Field Participation Program is to study, observe and participate in a research project. In order to protect the research methods and materials, and in some cases to protect the dolphins, it is necessary to restrict publication (defined as the communication of information to the public) of any images, photographs and written materials taken or drawn from your participation in the program. PLEASE NOTE THAT PUBLICATION INCLUDES SOCIAL NETWORKING SITES LIKE FACEBOOK, MYSPACE, YOUTUBE AND ANY OTHER INTERNET SITES. Please also note that underwater and/or surface video is not allowed, this includes small clips on your camera/phone. You can take still photography for your own personal use, but please no video.

It is tempting to want to share you memories with others, but please understand that any images, photographs and written materials are SOLEY for your own PERSONAL use. For any

other use, all materials must receive written approval from the Research Director of the Wild Dolphin Project prior to publication.

I hereby agree not to publish any images, photographs or written materials without prior written approval from the Research Director (Dr. Herzing) of The Wild Dolphin Project.

Print Name

----- Date:-----
Signature of Applicant

Agreement and Release Form Regarding Drugs

To Whom it May Concern:

I am aware of the United States Coast Guard “zero tolerance” approach to illegal drug use on U.S. waters and Bahamian waters where the U.S. Coast Guard has jurisdiction. I will not bring aboard or cause to bring aboard the Wild Dolphin Project’s research vessel any controlled substances. I will inform friends and others on board the vessel that illegal drug possession and/or use will not be tolerated.

I agree to indemnify The WILD DOLPHIN PROJECT, INC. and hold them harmless for any seizure or detention of the vessel caused by my action of possession and/or use of illegal drugs, by any authority or government, including all expenses incurred in recovering the vessel including reasonable attorney’s fees, as well as lost revenue for cancelled or delayed trips. Also, I have not had a drug charge or offense in the past three years.

----- Date:-----
Signature of Applicant

Print Name

Signature of Parent/Guardian if Applicant is under 21

Release of Information

WDP receives many inquiries in regards to other participants who will be potentially on their trip. Should you be willing to make your name/email/trip date available for others to access please sign the below release statement:

Yes, I allow WDP personnel to release my trip plans to others.

----- Date:-----
Signature of Applicant

Personal Travel Itinerary

Please fill out this form completely and return it **as soon as possible** to:
W.D.P., P.O. Box 8436, Jupiter, FL 33468. You may also fax us at 561-575-5681.

Your Arriving Flight:

Date and time of arrival:_____

Place of arrival:_____

Airline:_____Flight #:_____

Your Hotel:

Date(s) of hotel stay:_____

Name of hotel:_____

Address and phone:_____

Staying with another participant? Who?_____

Your Departing Flight:

Date and time of departure:_____

Place of departure:_____

Airline:_____Flight #:_____

IMPORTANT: In case of a last minute change to our boat schedule (weather, etc.), we need a phone number where we can reach you during the few days just prior to your trip. It is critical that we be able to reach you quickly if that should occur.

Phone:_____

Person to leave message with:_____

General Information

PASSENGERS MUST HAVE PROOF OF CITIZENSHIP: US citizens MUST have a valid passport to clear immigrations. Non-US citizens must have passports and citizens from some countries must have visas.

***INSURANCE:** You may wish to protect yourself and your equipment by purchasing short-term travelers insurance and trip cancellation coverage which would reimburse you for non-refundable airfare and Wild Dolphin Project trip costs should you cancel or interrupt your trip. Both types of coverage are available from your travel agent, insurance broker or Divers Alert Network (DAN). Please confirm that your health insurance will cover you in the Bahamas.

INCLUDED IN THE TRIP PRICE: The price includes accommodations, meals, snacks, beverages (limited alcohol), leadership, and a professional crew while you are onboard Stenella. The price does not include Bahamian departure tax, airfare, ground transportation, hotel lodging, entertainment or meals you may choose to purchase ashore, passports, visas, insurance, medical or hospitalization costs, water taxi, additional expenses arising from delays or extensions of trip due to weather, sickness, failure of transportation, or other causes beyond our control, and any other services not stated above.

SNORKELING: Please practice! Make sure you are comfortable in the water with your gear. Please test your gear beforehand! We DO NOT carry spare snorkeling gear on board!

MONEY: It is recommended that you bring US currency and travelers checks.

TAX DEDUCTION: In the United States, Wild Dolphin Project is a public charity described by Section 501(c)3 of the Internal Revenue Code. In general, contributions of cash, securities, and property donated by US citizens to support scientific research projects sponsored by the Wild Dolphin Project are tax-deductible. Consult your tax advisor for more information. At the end of the year, WDP will send out information on what portion of your contribution is deductible.

DRUGS: The US Coast Guard has jurisdiction in Bahamian waters and strictly enforces a policy of "zero tolerance" for illegal drugs, and so does WDP. Anyone found with illegal drugs on board will forfeit their trip and be taken back to shore. Prescription medication must be in original container with the label intact and you must make the captain aware of them.

PHOTO EQUIPMENT: You are encouraged to bring a camera in the water with you! Bring lots of film if you are interested in donating photographs or slides of dolphins to the Wild Dolphin Project.

READING MUSIC/VIDEO: Bring your favorite reading materials. We also have a CD/cassette player on board for you to enjoy, as long as material does not offend anyone. Many people bring portable music players.

CLOTHING/PERSONALS: Travel light! Please limit luggage to two small soft pieces since space is limited onboard. Suggested items: Long pants, sweatshirt, jacket, windbreaker,(for cooler evenings), shorts, T-shirts, bathing suits, hat, deck shoes (no black soled street shoes), foul weather gear. Two towels (one swimming/one bathing), washcloth, seasick medication, small flashlight, film, shampoo, sunscreen, lip balm, sunglasses. All snorkeling gear: mask, fins, snorkel, defogging fluid, extra straps, net gear bag. Note: we do NOT supply wetsuits or personal items such as tampons or seasick medication.

SHOWERS: Although we make our own water onboard, fresh water is conserved. Showers are brief and Navy style.

SMOKING: Restricted to outside deck area.

FISHING: By crew only in designated areas.

WATER TEMPERATURE: May: 78-80°F, July through September: ranging to 88°F.