



VOLUNTEER REGISTRATION FORM

DESERT ECOLOGY RESEARCH GROUP

SCHOOL OF BIOLOGICAL SCIENCES, HEYDON-LAURENCE BUILDING A08

UNIVERSITY OF SYDNEY, NSW 2006

Personal information

Name:

Address:

Date of Birth:

Phone:

Email:

Emergency contact details

1).Name:

Address:

Phone:

Email:

Relationship to participant:

2).Name:

Address:

Phone:

Email:

Relationship to participant:

Project details

Name of research project:

Chief Investigator/Trip Leader:

Secondary Investigator/Trip Leader:

Location:

Trip dates:

Do you have any relevant qualifications or experience for this research project?

Do you have any specific food requirements (vegetarian, vegan, intolerance to certain foods or food products)?

How did you learn or hear about this field trip?

Medical history

The information you provide regarding your medical history will be kept confidential by the Trip Leaders and only used to maximise safety and assess medical requirements for each research trip.

1. Have you had or do you currently have:

- A chronic or ongoing illness (such as diabetes or asthma)? Y/N/Unsure
- Use an inhaler or other prescription medicine to control asthma? Y/N/Unsure
- Any prescribed or over-the-counter medications that you take on a regular basis? Y/N/Unsure
- Any allergies to medications? Y/N/Unsure
- Any allergies to bee stings, pollen or foods? Y/N/Unsure
- Take any medication/epipen for allergy symptoms? Y/N/Unsure
- Any anemia or blood disorders? Y/N/Unsure

2. Have you had or do you currently have any of the following head-related conditions:

- Recent concussion requiring a doctor's evaluation? Y/N/Unsure
- Memory loss or been knocked out recently? Y/N/Unsure
- A seizure? Y/N/Unsure
- Frequent or severe headaches? Y/N/Unsure

3. Have you had or do you currently have any of the following heart-related conditions:

- Chest pain? (when exercising?) Y/N/Unsure
- Heart murmur? Y/N/Unsure
- High blood pressure? Y/N/Unsure

4. Have you had or do you currently have any of the following general or exercise related conditions:

- Heat-related problems such as dehydration, dizziness, fatigue, headache? Y/N/Unsure
- Heat exhaustion (cool, clammy, damp skin)? Y/N/Unsure
- Heat stroke (hot, red dry skin)? Y/N/Unsure

5. Have you had or currently suffer from any mental illness? Y/N/Unsure

6. Do you have any blood relatives that suffer from any of the above conditions? Y/N/Unsure

If you answered 'yes' to any questions please indicate any appropriate preventative action or treatment.

Insurance:

The current University of Sydney policy will cover volunteers for public liability and personal accident. Medical cover for Australian citizens and residents will be covered by Medicare. International travellers are required to have a current travel insurance policy.

Are you and Australian Citizen or have been granted Australian residency: Yes/No

If No, what is your current passport number and travel insurance policy number?

Photos:

In the interests of publicising our research activities, photos taken during the project may be used in our research communication and promotion in print media, talks or similar and/or in digital media (e.g. social media or the University of Sydney website).

Do you give permission for photos of you to be taken and used? Yes /No

Many of you may take photos during the field trip and choose to share them with the Desert Ecology Research Group.

Do you give permission for photos you have taken to be used for non-commercial purposes with the appropriate photo credit? Yes /No

Declaration:

I understand and hereby agree to assume all of the risks which may be encountered with my participation in the above named research project including transportation to and from the research study site.

In consideration of being permitted to attend and participate in the above named research project, I do hereby agree to hold the University of Sydney and their agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses and damages on account of injury to myself or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of New South Wales.

I further state that I have carefully read the foregoing release, waiver and indemnity agreement, know the contents thereof, have completed the documentation without any falsification and I sign the document as my own free act. This is a legally binding agreement that I have read and understand.

Participant's name:

Participant's signature:

Date:

Witness' name:

Witness' signature:

Date: