

**WAIVER AND RELEASE OF LIABILITY
AND ASSUMPTION OF RISK ACKNOWLEDGEMENT**

DEFINITIONS:

Facilities – Centre ValBio (*Centre International de Formation pour la Valorisation de la Biodiversité*) near Ranomafana, Madagascar & the Office of ICTE (*Institute for the Conservation of Tropical Environments*) and MICET (*Madagascar Institut pour la Conserveation des Environnements Tropicaux and Madagascar Institut pour la Conservation des Ecosystemes Tropicaux*) in Antananarivo, Madagascar.

Indemnitees – The Research Foundation of the State University of New York, the State University of New York at Stony Brook, and the officers, employees, and board members of these organizations.

Indemnitor – The individual signing below, and his/her heirs, administrators, executors, and assigns.

The **Indemnitor** hereby releases the **Indemnitees** from any liability for damages from illness, injury and/or death that arises out of, or is connected with, or in any manner relates to, **Indemnitor's** use of the **Facilities** and services provided at the **Facilities**.

Indemnitor represents that:

1. I am 18 years of age or older.
2. I am submitting this release, waiver of liability, and assumption of risk declaration voluntarily and of my own free will.
3. I have no physical or emotional problems, nor any history thereof, which will impair my ability to utilize the **Facilities** and its services in a safe manner.
4. I understand and agree that it is my responsibility to assess the hazards presented by my use of the **Facilities** and services of the **Facilities**, and further agree that I am the ultimate judge as to whether I can use the **Facilities** and services without risk of harm to myself.
5. I understand and EXPRESSLY ASSUME all the dangers incident to using the **Facilities** and their services, and hereby RELEASE ALL CLAIMS, including but not limited to, personal injury, property damage or destruction, and death, whether caused by NEGLIGENCE, breach of contract or otherwise, and whether for bodily injury, property damage or loss otherwise, which I may ever have against the **Indemnitees**.
6. My use of the **Facilities** is entirely optional and my own free choice. My use of the **Facilities** is in no way a requirement of ICTE or the University at Stony Brook.

Signature: _____

Your Address: _____

Print Name: _____

Please print (or scan) this form, sign it, and mail (or email) it to:

Project Director: _____

Project Title: _____

Date: _____

ICTE
5th Floor SBS Building
State University of New York
Stony Brook, NY 11794-4364
USA