

# Organization for Tropical Studies Registration Form Please print



## Personal information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Institution: \_\_\_\_\_ Position: \_\_\_\_\_  
Title: Mr., Mrs., Ms., Dr., other: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Passport: \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Health limitations, allergies: \_\_\_\_\_ Vegetarian: ☐ Yes ☐ No  
In case of an emergency contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Only for OTS Use IN: \_\_\_\_\_ OUT: \_\_\_\_\_ Code: \_\_\_\_\_ Chk by: \_\_\_\_\_

## Waiver of Liability

I hereby confirm that I have been properly informed that any and all visits to the Organization for Tropical Studies (OTS) involve inherent risks related to carrying out activities in biological conservation stations, such as walking through slippery, moist trails and/or areas, covered with foliage and trees. In addition, I have been informed that in the area to be visited there are snakes, insects and other animals with the well-known risk such as bites and stings. I have no health problems that forbid me from participating in the visit that I am about to make and I agree to follow all instructions given to me for my own safety. I hereby release OTS, its legal representatives, directors and employees, of all civil, penal and any other kind of responsibility for any physical or moral injury, sickness or death resulting from my stay in OTS facilities, which I am assuming under my own risk.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Project Information

Project Title \_\_\_\_\_  
Name (s) of Project Principal Invest (s): \_\_\_\_\_  
Founding source:  
☐ OTS ☐ NSF ☐ DFG ☐ AAD ☐ GTZ ☐ CATIE ☐ AW MELLON FOUNDATION ☐ Autofinanced ☐ Other  
#Resolution: \_\_\_\_\_ #Collection Permit: \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_

## Position

☐ Volunteer (licenciatur) ☐ Field Assistant ☐ Undergraduate Student ☐ Undergraduate Student  
☐ Graduated Student (Master) ☐ Graduated Student (Ph.D) ☐ Postdoctoral Scientist ☐ Senior Researcher  
☐ Technician ☐ Other \_\_\_\_\_

## Purpose of Visit

☐ Visiting Station (Without Project at the Station) ☐ Environmental Education Program ☐ Special Event or Meeting  
☐ Undergraduate Course ☐ Graduate Course ☐ University extension course

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Purpose of visit

(Check appropriate box)

- |   |   |
|---|---|
| <input type="checkbox"/> a- Visiting scientist (without project at the station) | <input type="checkbox"/> g- Natural history visitor                                 |
| <input type="checkbox"/> b- Researcher (with project at station)                | <input type="checkbox"/> h- Special event or meeting                                |
| <input type="checkbox"/> c- Undergraduate course                                | <input type="checkbox"/> i- Journalist (reporter, writer, filmer)                   |
| <input type="checkbox"/> d- Graduate course                                     | <input type="checkbox"/> j- OTS staff (on business not covered by other categories) |
| <input type="checkbox"/> e- University extension course                         | <input type="checkbox"/> k- Other: _____  |
| <input type="checkbox"/> f- Environmental education program                     |   |

Purpose, project, meeting event or group:

## For Course Participants Only

Course Title: \_\_\_\_\_  
Course Number: \_\_\_\_\_  
Participating as: ☐ Student ☐ Coordinator ☐ Visiting professor ☐ Assistant

## OTS Use Only

Name of group: \_\_\_\_\_  
Code: \_\_\_\_\_  
IN date: \_\_\_\_\_ OUT date: \_\_\_\_\_ Checked by: \_\_\_\_\_