

# Earthwatch Participation Form: Adults

This form is a vital part of signing up to be a participant on an Earthwatch project.

Please read all instructions below carefully before completing your form:

- In addition to this form, you must also complete the **Earthwatch Travel Form**, and read the **Earthwatch Participant Rights and Responsibilities Document**.
- Complete all forms in full and return them to Earthwatch by the deadline stated in your confirmation email.
- Fill in every applicable field with as much detail as possible, otherwise we will need to reach out to you for clarification.
- Earthwatch reserves the right to request the signature of your doctor.

<b>HOW TO COMPLETE USING ADOBE ACROBAT READER</b>	1. Save a copy of the form to your computer <i>before you begin</i> , and complete using saved version.	2. Complete form using Adobe Reader and print out to accommodate required signature (s).	3. Scan and Email completed form to Earthwatch (preferred). You may also Fax or send by Mail.	<i>Note:</i> You can also print the blank form and complete by hand before sending back to Earthwatch. (Please be sure to write clearly.)
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- **Are you under the age of 18?** IF YES, (or if participant is a resident of Alabama or Nebraska and is under the age of 19) (or if participant is a resident of Mississippi and is under the age of 21) at the time of providing these participation details, you must complete and return the Earthwatch Participation Form: Teens. *A parent or legal guardian must also sign the form.*
- **Are you participating on a SCUBA expedition?** IF YES, please fill out the Earthwatch Participation Form: SCUBA (*Requires doctor's signature*).
- **Are you 80 years old or older?** If you are 80 years old or older, or will be prior to departure for your project, you must also fill out the Doctor's Signature page (*Requires doctor's signature*).

## Return this completed form to the Earthwatch office

Earthwatch  
 114 Western Ave  
 Boston, MA 02134 USA  
 Fax: +1 (978) 461-2332  
 Email: [info@earthwatch.org](mailto:info@earthwatch.org)

All personal details will be stored in accordance with the Massachusetts Data Protection Laws 2010 and will be held on our secure server.




## A. Personal Profile

Please confirm the project you will be joining and your personal details.

### Project Information

Project title:	Of Mountains and Marmots: Climate Change in the French Alps				
Team number:	4	Start date: (dd-MON-yyyy)	29-JUN-2014	End date: (dd-MON-yyyy)	12-JUL-2014

### Personal Details

First name:	Marcia		Last name:	Rybak	
Date of birth: (dd-MON-yyyy)	11-AUG-1951			Gender:	Female <input checked="" type="radio"/> Male <input type="radio"/>
Principal address:	23722 Harbor Vista Drive Malibu, California 90265				
Country of Residence:	United States		Country of Citizenship/ Nationality:	United States	
Telephone: (incl. country code)	001-310-480-1760			Mobile: (incl. country code)	Same
Email:	leaplizard@earthlink.net			Fax:	
Passport no:	210831574	Expiry date: (dd-MON-yyyy)	09-MAY-2014	Place and date of issue:	National Passport Ctr 10-MAY-2014 
Do you have any dietary requirements (e.g. vegetarian, vegan, etc.?)					Yes <input type="radio"/> No <input checked="" type="radio"/>
If yes, please specify:					

### Emergency Contacts

You must provide two emergency contacts and check that they will be available while you are on the project. Emergency contacts should not be individuals who are travelling with you.

Name:	Steve Uhring		Relationship to you:	Spouse	
Telephone (work): (incl. country code)			Telephone (home): (incl. country code)		
Mobile: (incl. country code)	001-310-291-6480		Email:	steve.uhring@gmail.com	
Name:	Kim Barker		Relationship to you:	Friend	
Telephone (work): (incl. country code)			Telephone (home): (incl. country code)		
Mobile: (incl. country code)	001-424-653-0194		Email:	kimberlybarker@mac.com	

### Other Relevant Information

**Please use this space to tell Earthwatch any other relevant information.** For example, what interests you about this project? Have you been on an Earthwatch project before? Do you have any specialized skills to offer? Do you have any concerns with the field conditions outlined in the Briefing document (e.g. weather, cultural differences, accommodation etc.)?

Participated in Earthwatch project "Walking with African Wildlife" in 2010.

Licensed wildlife rehabilitator in California specializing in raising orphaned squirrels, opossums, skunks and other small mammals.

I am very excited to be working with marmots since squirrels are my favorite animal.

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## B. Health Declaration and Self-Assessment

- Earthwatch may use the information you provide in this section to assist in the event of a medical emergency in the field. Therefore, **truthful disclosure of medical conditions is essential**. Please include as much detail as possible.
- **It is your responsibility to review the project conditions and physical demands as described in the Briefing document and determine if you are able to safely participate in this program.** Discuss your participation in this program with your doctor if you have a question or concern about your health and/or ability to participate. If you have not received a Briefing document and need one, please contact Earthwatch.
- Truthful disclosure of medical conditions will not necessarily lead to exclusion from a project. If you are in any doubt as to what constitutes information relevant to your participation, please consult Earthwatch.
- Non-disclosure or misrepresentation of any requested information may lead to removal from the project at your own expense and void your insurance coverage.
- Certain pre-existing medical conditions may not be covered by Earthwatch's insurance. This document may be shared with Earthwatch's travel insurers to assist with any potential questions about your participation.
- Earthwatch may need to contact you or your doctor for clarification of the information provided in this form at any time.
- You must alert Earthwatch of any changes to your medical status that occur after submission of this Health Declaration.
- By joining an Earthwatch project, you are authorizing the Earthwatch Field Team to consent to medical treatment on your behalf which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician or surgeon or the most qualified medical provider. Medical treatment may include: first aid, administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care. You are further authorizing any such medical provider to release information about you or your condition and treatment to Earthwatch, and agreeing to pay for any and all costs associated with such treatment, including the costs of evacuation, if any, that are not covered by insurance.
- *Earthwatch reserves the right to require that a Doctor approve your participation on a project. If you are 80 years old or older, or will be prior to departure for your project, you must also fill out the Doctor's Signature Page (Requires Doctor's Signature).*

**Vaccinations:** You are responsible for any applicable vaccinations for your particular project. Please check with a doctor, local travel clinic, or the CDC online ([www.cdc.gov/travel](http://www.cdc.gov/travel)) for the latest information on travel medicine. Some countries require certificates of vaccination to enter. See your Briefing document for further information relevant to your project.



Height:	5' 9" ft/in	or	cm	Weight:	170 lb	or	kg
If under or overweight, by how much?	lb	or	kg				

Please indicate any condition that you have had within the past five years and/or any condition that requires regular medication, follow up with your doctor or may affect your participation on the project. Provide as much additional detail as possible for any condition you have (use the space provided on page 5 if necessary).

Do you have any allergies (include medications, food, insect stings, etc)?			Yes <input checked="" type="radio"/>	No <input type="radio"/>
	Allergy 1	Allergy 2	Allergy 3	
Allergy type	possible penicillin			
Date of diagnosis	mother told me years ago			
Type of reaction & severity				
Treatment required (including any medication which you will have with you during the project)	have avoided this drug			

Do you have asthma?		Yes <input type="radio"/>	No <input checked="" type="radio"/>
Date of diagnosis			
Triggers			
Type of reaction & severity			
Treatment required (including any medication which you will have with you during the project)			

Do you have diabetes/hypoglycaemia?		Yes <input type="radio"/>	No <input checked="" type="radio"/>
Type of diabetes			
Date of diagnosis			
How is this condition managed? (Include dietary requirements/restrictions, exercise or other lifestyle adjustments.)			
Medication - which you will have with you during the project (Please note if refrigeration required).			

Do you have a heart condition (including disease, murmur, irregularity)?		Yes <input type="radio"/>	No <input checked="" type="radio"/>
Please describe			
Date of diagnosis			
How is this condition managed? (Include any treatments required, dietary requirements/restrictions, exercise or other lifestyle adjustments.)			
Medication - which you will have with you during the project			

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Have you been hospitalized or had surgery in the past <i>two</i> years?		Yes <input type="radio"/>	No <input checked="" type="radio"/>
Reason for hospitalization or surgery			
Treatment received			
Date of treatment			
Degree of recovery achieved			
Lasting effects that may impact your participation in the project			

Do you have any acute phobias which might inhibit your participation?		Yes <input type="radio"/>	No <input checked="" type="radio"/>
Please describe			
Severity of phobia			
Have you ever been treated by a medical professional?			

Check all that apply and provide as much detail as possible for any condition you have in the space below:

Anaemia	<input type="checkbox"/>	Epilepsy/seizures	<input type="checkbox"/>	Musculoskeletal conditions (osteoporosis, fibromyalgia, etc.)	<input checked="" type="checkbox"/>
Cancer	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	Mobility issues	<input type="checkbox"/>
Chronic lung conditions	<input type="checkbox"/>	Hepatitis (Active)	<input type="checkbox"/>	Nervous system conditions (multiple sclerosis, Parkinson's, etc.)	<input type="checkbox"/>
Chronic back conditions	<input type="checkbox"/>	Heat and/or cold sensitivity	<input type="checkbox"/>	Orthopaedic problems (sprains, strains or fractures)	<input type="checkbox"/>
Cognitive disorders (Alzheimer, memory loss, dementia, etc)	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Skin conditions	<input type="checkbox"/>
Dizziness/ balance conditions	<input type="checkbox"/>	Immune system conditions	<input type="checkbox"/>	Sleep apnea	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	Kidney or liver conditions	<input type="checkbox"/>	Stomach/intestinal conditions	<input type="checkbox"/>
Endocrine/thyroid conditions	<input type="checkbox"/>	Migraines/severe headaches	<input checked="" type="checkbox"/>	Tuberculosis/exposure to TB	<input type="checkbox"/>

If you have any of the conditions listed, or any other medical conditions not indicated above, please provide as much detail as possible, including **dates of treatment/surgery, severity, and potential effects on your participation. Your form will not be considered complete without this requested information.**

I've had migraines my entire life which is controlled by medication.  
 I have osteoarthritis in my right hand and right toe. I take medication to control this as listed below.

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## Mental Health

Have you ever been diagnosed with or been treated for a psychiatric condition such as bipolar disorder or depression? If yes, please provide details:	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Have you ever been hospitalized or in residential treatment for psychiatric care? If yes, please provide the dates of hospitalization/treatment:	Yes <input type="radio"/>	No <input checked="" type="radio"/>
May we contact your psychologist/psychiatrist? If yes, please provide name and number below:	Yes <input type="radio"/>	No <input type="radio"/> N/A <input checked="" type="radio"/>

## Medications

List any prescription or non-prescription medications (other than prescriptions of less than 14 days duration). Include reason for taking it, length of time you have been taking it, and the current dosage. Remember to bring medication with you on the expedition.			Yes <input type="radio"/>	No <input type="radio"/>
Medication:	Reason for taking:	Date started taking:	Current dosage & frequency:	
Celebrex	osteoarthritis	2007	200 mg daily	
Cymbalta	osteoarthritis	2013	60 mg daily	
Frova	migraines	2005	2.5 mg as needed	
Norco	migraines/arthritis pain	2013	10-325 as needed	
Please add any additional information:				

## Vision and Hearing

Do you have difficulty seeing in low-light conditions or have unusual difficulties seeing at night?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Do you have color blindness?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Do you have glaucoma, macular degeneration, cataracts or other visual impairment? If yes, please provide details:	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Are you hearing impaired? If yes, describe how this could affect your participation:	Yes <input type="radio"/>	No <input checked="" type="radio"/>

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## Current Level of Physical Activity

Complete frequency and time/distance and then check the box that applies to you.

Activity Type	Frequency	Time/distance	Intense	Moderate	Relaxed
Walking			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify)	Hiking 2-3 times a week in local mtns.	2-6 miles/45 min. 2 hours	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Other (specify)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Stamina	Easily	Moderately well	With difficulty	Not at all
I can walk 1 mile/1.6km within 20 minutes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can walk 5 miles/8km within two hours	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can hike 3 hours over rough terrain	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can hike 3 hours with a 30 lb/14kg pack over rough terrain	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Do you use any walking aids? If yes, please describe (e.g. hiking stick, walking pole, cane, crutches, walker, wheelchair) and reason for need:				Yes <input type="radio"/> No <input checked="" type="radio"/>

## Swimming Ability

Non-swimmer	<input type="radio"/>	Recreational swimmer	<input checked="" type="radio"/>	Strong swimmer	<input type="radio"/>	Current water life-saving certificate	<input type="radio"/>
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## Doctor Information

Please provide your doctor's contact information. This information will be used in the event of an emergency and is **required** for participation.

We may need to contact you or your doctor for clarification of information provided in this form at any time. Earthwatch may require your doctor to approve participation in certain circumstances.

Doctor's Name:	Dr. Orrin Troum		
Doctor's Address:	2336 Santa Monica Blvd. #207 Santa Monica, CA 90404		
Telephone/Fax:	001-310-449-1999	Email (if available):	otrroum@troummd.org

## C. Water-Based Projects

If you will be participating in a water-based project or working near water, you must complete this section. Having extra skills may be helpful, but please note that lacking certain skills will not necessarily limit your participation. Please refer to your Briefing document for details.

Please indicate your swimming ability and your comfort level in water										
I can swim:	100m easily	<input type="checkbox"/>	100m with some difficulty	<input type="checkbox"/>	500m easily	<input type="checkbox"/>	500m with some difficulty	<input type="checkbox"/>	I am a trained and certified lifeguard	<input type="checkbox"/>
I am comfortable in:	calm sea conditions	<input type="checkbox"/>	rough sea conditions	<input type="checkbox"/>	in calm rivers	<input type="checkbox"/>	in rapidly flowing rivers	<input type="checkbox"/>	Not at all comfortable	<input type="checkbox"/>

## Boat Experience

Participants will not be operating boats unless there is a certified boating instructor on the staff.

Do you have experience with boats?		Yes <input type="radio"/>	No <input type="radio"/>	
Please describe the type and size of boat (include small watercrafts such as canoes and kayaks) and how comfortable you are traveling aboard these vessels:				
Do you experience sea sickness?		Yes <input type="radio"/>	No <input type="radio"/>	Rarely <input type="radio"/>
Please describe your sea sickness: (e.g. vomiting, mild, severe)				
Which medications (if used) do you use for sea sickness?				

## Snorkel Experience

If the project you are participating in includes snorkeling as either a required or voluntary portion of activities, please answer the following questions to give us a better understanding of your comfort level and experience. Answering 'no' to any of the questions below will not necessarily preclude your participation.

Please describe your snorkeling experience. Include number of times, locations, amount of time in the water and years of experience:			
Do you have concerns about surface diving to at least 15 feet/4.6 metres and holding your breath for 30 seconds?	Yes <input type="radio"/>	No <input type="radio"/>	I don't know <input type="radio"/>
Have you had problems equalizing your inner ear at 15 feet/4.6 metres when snorkeling in the past?	Yes <input type="radio"/>	No <input type="radio"/>	I don't know <input type="radio"/>
If you answered yes to either question, please explain:			



## D. Liability Release, Assumption of Risk and Indemnity Agreement

**Please read carefully.** The text in this section is a release of liability and waiver of legal rights. Please ensure you complete all the details required in this section and sign and date it.

Earthwatch projects are not designed for tourists. Earthwatch Institute, (which includes Earthwatch Institute Inc., Conservation Education and Research Trust, Earthwatch Australia, and Earthwatch Japan) (collectively referred to as “Earthwatch”) and the Earthwatch scientist (the person responsible for leading the project on site) (each of whom together with Earthwatch shall be collectively referred to as the “Earthwatch Field Team”) undertake logistical planning and preparation for the projects to tailor them to meet the research needs of Earthwatch scientists. The projects involve conditions, described below and in the Briefing document, which must be carefully considered before accepting a participant position.

An Earthwatch project can be an enjoyable, enlightening, and potentially life-changing experience, but some of the characteristics that may make a project attractive to you may also put you and your property at risk. All field research activities involve a degree of risk which varies from project to project. Most field research projects require travel to remote areas of the world where logistical requirements and local conditions for participants and their gear often involve unconventional modes of transportation, no hotel accommodations, limited or distant emergency and health services, and limited or nonexistent local infrastructure or services. Of equal importance, participants will experience one or more of the following: data gathering; physical work; odd hours; frequent moves; delays; frustrations; surprises; equipment failure or malfunction, and potential hazards. The potential risks and hazards include (but are not limited to): political instability; transportation difficulties; lack of vehicular safety and medical standards commonly found in developed countries (for example, the absence of seatbelts); increased incidence and severity of vehicular accidents; strikes; sickness; quarantine; local regulations; a whole range of climate, terrain and temperature extremes; other foul weather conditions; high altitude; crime; natural disasters; wildlife behavior; staff misjudgment, and movements and events outside the control of the Earthwatch Field Team. Participants must accept that any of these factors may cause changes, delays or other effects. All true project work involves a degree of risk and improvisation, which varies from project to project.

### ASSUMPTION OF RISKS AND ASSENT TO EARTHWATCH POLICIES

I understand the requirements for my Earthwatch project(s). I declare that I am in good health. I have received and read the Briefing document(s), which describes the risks inherent to the project(s) that I am embarking on and understand the risks the Briefing document describes and those described in this document. **I understand these and other risks not listed above can, in extreme and unlikely circumstances, cause or lead to death, injury, illness, property damage, mental or emotional trauma, or disability. Further, activities may take place several hours or days from any medical facility or where communication, transportation, or evacuation in subject to delay.** I understand the Earthwatch Field Team does not seek to eliminate all of these risks, in part, because they are necessary for the scientific project or because they are part of the essence of an Earthwatch project. **I agree to assume all of the risks of my project, whether inherent or not, and whether described above or not.** I have read and understand the policies, rights, and responsibilities enumerated in the Participant Rights and Responsibilities Document and in the Briefing document (and similar documents). I accept those policies and the ones described in this document as a condition of my participation on an Earthwatch project. I agree to abide by the Earthwatch policies and I understand violations of the policies may result in expulsion without a refund. By signing below I agree to participate in the project's activities under the terms and conditions described in this document and other Earthwatch materials.

I understand it is my responsibility to review the program conditions and determine if I am able to safely participate in this program and to confer with my doctor if I have a question or concern about my health and my participation in this program. To the best of my knowledge and belief, the information provided to Earthwatch in the Health Declaration and Self-Assessment form is true and I have not withheld any relevant information. If any of this information changes prior to fielding, I will inform Earthwatch. I authorize the Earthwatch Field Team to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon or the most qualified medical provider. I authorize any such medical provider to release information about me and my condition and treatment to Earthwatch. I agree to pay for any and all costs associated with such treatment, including the costs of evacuation, if any, that are not covered by insurance.

## IMAGE COPYRIGHT AND USAGE and MODEL RELEASE

I understand that Earthwatch Field Team will have unrestricted rights to use any photographs and film/video and audio footage I submit from the project, unless indicated otherwise in a written request to Earthwatch. I will retain the copyright to my photographs and film/video and audio footage, but Earthwatch may use them internally and distribute them free of charge to external requestors for marketing and editorial materials that promote Earthwatch and its projects. Internal uses include, but are not limited to, project guides, participant briefings, magazines, newsletters, invitations, brochures, annual reports, advertisements, marketing pieces, press releases, and the Earthwatch website. External requestors include, but are not limited to: for-profit and non-profit newspapers, magazines, journals, newsletters and other publications and web sites.

I understand that by participating in an Earthwatch project I consent to the Earthwatch Field Team publishing, republishing or otherwise transmitting any photograph or film/video and audio footage which might have been taken of me. Earthwatch may use such footage in, but not limited to: project guides, participant briefings, magazines, newsletters, invitations, brochures, annual reports, advertisements, marketing pieces, press releases, and the Earthwatch website. I understand that the images may be altered or modified in any manner. I hereby waive any right that I may have to inspect and approve a finished product or the copy that may be used in connection with an image or footage taken of me, or the use to which it may be applied. I further release Earthwatch from any claims for remuneration associated with any form of damage, foreseen or unforeseen, associated with the use of the images. I also consent to Earthwatch releasing those photographs or film/video and audio footage to members of the press or other media interested in reporting on my project.

## RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of the services of the Earthwatch Field Team, I, **on behalf of myself, my child, my heirs, executors, administrators, successors, and/or assigns, agree and hereby do forever release, waive, and discharge the Earthwatch Field Team, their employees, officers, directors, trustees, participants, affiliates, scientific staff, cooperating institutions, and other persons acting under their direction and control (“the Released Parties”), from and agree to defend and indemnify (meaning to pay or reimburse the Released Parties for money they are required to pay, including attorney’s fees and costs) and hold them and each of them harmless against, any and all liabilities they may jointly or severally incur in respect of any claim, suit, or cause of action, including legal fees and expenses of litigation, brought by or on behalf of me, my child, a family member, personal representative, estate, or any other person, on account of any personal injury, death, loss of health, financial loss or damage to property, including any such injury, loss or damage resulting from the negligence of the Released Parties, directly or indirectly sustained by me, my child, a family member, a co-participant, or any other person as a result of my participation in the Earthwatch project(s) or the use of equipment or facilities.** I understand and accept that the Released Parties are not responsible or liable for acts or omissions of third parties, including but not limited to cooperating institutions, independent contractors, other entities, or other participants.

This release is intended to be enforced to the fullest extent allowed by law and includes any type of suit. However, I do not release the Released Parties from liability on account of any injury, loss, or damage to me directly caused by the gross negligence or wanton or reckless misconduct of the Released Parties.

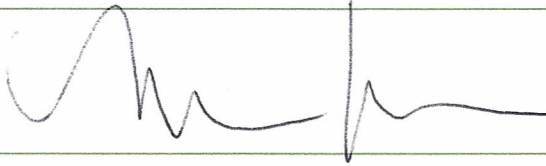
This Liability Release shall be governed by, and construed and enforced in accordance with the laws of the Commonwealth of Massachusetts and the exclusive venue for any action, claim or defense relating to this Liability Release shall be the courts located in the Commonwealth of Massachusetts. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions. This document is in effect for this and any future projects unless revoked in writing and received by Earthwatch prior to my project.



**I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT. I UNDERSTAND I AM SURRENDERING CERTAIN LEGAL RIGHTS. I AGREE TO THE TERMS AND CONDITIONS IN THIS DOCUMENT.**

**Please note:** If participant is under the age of 18 (or if participant is a resident of Alabama or Nebraska and is under the age of 19) (or if participant is a resident of Mississippi and is under the age of 21) a different form -the Earthwatch Participation Form: Teen -should be used for both the parent and participant's signature.

First name:	Marcia	Last name:	Rybak
Participant date of birth: (dd/MON/yyyy)	11-AUG-1951		
Project title:	Of Mountains and Marmots: Climate Change in the French Alps		
Project start date: (dd/MON/yyyy)	29-JUN-2014		

Signature of participant: (Digital signatures not accepted)	
Date: (dd/MON/yyyy)	12-MAY-2014

**Return this completed form to the Earthwatch office**

Earthwatch  
114 Western Ave  
Boston, MA 02134 USA  
Fax: +1 (978) 461-2332  
Email: [info@earthwatch.org](mailto:info@earthwatch.org)

All personal details will be stored in accordance with the Massachusetts Data Protection Laws 2010 and will be held on our secure server.

# Earthwatch Travel Form

Please read the Travel Planning section in the Briefing document before finalizing any travel plans. Let us know on this form how you intend to travel to the project so that we can let the Earthwatch Scientist(s) know when and where to expect you. Please ensure that you arrive at the stated rendezvous point at the appropriate time. Complete this form in full before returning it to us. **Please do not submit your itinerary in any other format.**

<b>HOW TO COMPLETE USING ADOBE ACROBAT READER</b>	1. Save a copy of the form to your computer <i>before you begin</i> , and complete using saved version.	3. Email completed form to Earthwatch (preferred). You may also Fax or send by Mail.	<i>Note:</i> You can also print the blank form and complete by hand before sending back to Earthwatch. (Please be sure to write clearly.)
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## Personal Details

First name:	Marcia	Last name:	Rybak
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## Project Information

Project title:	Of Mountains and Marmots: Climate Change in the French Alps				
Team number:	4	Start date: (dd-MON-yyyy)	29-JUN-2014	End date: (dd-MON-yyyy)	12-JUL-2014
Rendezvous date*:	29-JUN-2014	Rendezvous time*:	09:00 AM	Rendezvous place*:	Alpaka Lodge Tignes le Lac

\*as stated in your Briefing document

## Project Arrival and Departure Details

Please complete the table below listing all sectors of your travel to and from the rendezvous, including details of both the departure from your home base and arrival back to your home country.

Departure date from home: (dd-MON-yyyy)	Carrier/company name:	Bus/train/ferry/flight number:	From:	To:	Departure Time:	Arrival Time:	Arrival Date: (dd-MON-yyyy)
25-JUN-2014	American Airlines	136	Los Angeles - LAX	London - Heathrow	07:50 PM	2:20 PM	26-JUN-2014
27-JUN-2014	Eurostar	9044	London St-Pancras	Paris Nord	17:31 PM	20:47 PM	27-JUN-2014
27-JUN-2014	Intercites de Nuit	5705	Paris Austerlitz	Bourg St. Maurice	22:55 PM	7:40 AM	28-JUN-2014
Departure date from project: (dd-MON-yyyy)	Carrier/company name:	Bus/train/ferry/flight number:	From:	To:	Departure Time:	Arrival Time:	Arrival Date: (dd-MON-yyyy)
12-JUL-2014	Intercites de Nuit +	5708	Bourg St. Maurice	Paris Austerlitz	08:24 PM +	06:18 AM +	13-JUL-2014
13-JUL-2014 +	Eurostar	9011	Paris Nord	London St.Pancras	08:13 AM +	09:30 AM +	13-JUL-2014 +
13-JUL-2014	American Airline +	135	London - Heathrow	Los Angeles - LAX	2:00 pm	5:15 PM	13-JUL-2014

If you are arriving to the project country early, please state below where you will be staying. We may need to contact you just before the team starts.

Hotel/Accommodation:	Great Northern Hotel		
Address:	King's Cross St Pancras Pancras Road London N1C 4TB		
Telephone:	+442033880800		
Fax:			
E-mail address prior to travel:	leaplizard@earthlink.net		
Will you be carrying a mobile phone?	Yes <input checked="" type="radio"/>	No <input type="radio"/>	Mobile Phone Number: (incl. country code) 001-310-480-1760

Any additional information? (contact details en route, travel plans before/after project, etc.)

How did you book your travel (travel agent, web, etc.)? Please provide contact details.

I booked all travel myself via Internet.

Will you be travelling with another volunteer? If yes, with whom?

Name:		Relationship to you:	
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**Return this completed form to the Earthwatch office**

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 Fax: +1 (978) 461-2332  
 Email: info@earthwatch.org

All personal details will be stored in accordance with the Massachusetts Data Protection Laws 2010 and will be held on our secure server.