

FOR IMMEDIATE CONSIDERATION, THIS APPLICATION AND A DEPOSIT
SHOULD BE TURNED IN TO THE CASHIER'S OFFICE IN 102 BRAY HALL - OPEN UNTIL 3:30 pm ON
WEEKDAYS. CHECKS SHOULD BE MADE OUT TO "SUNY

Instructions: For those signing up to take EFB 202, please select first (1), second (2), and third (3) preference between Sessions A, B, and D.

NOTE THAT SESSION A IS ESSENTIALLY FULL AT THIS TIME.

For the elective classes in Sessions C, please rank (1 – 4) your preferences, as you may not be placed in your first choice of class. Please note that you do not have to sign up for an elective class (and please do not rank ones that you absolutely do not want to take).

Session A: May 19th – June 7th, 2019

EFB 202	Ecological Monitoring and Biodiversity Assessment	Team Taught	Preference:
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Session B: June 9th – June 28th, 2019

EFB 202 Ecological Monitoring and Biodiversity

CRANBERRY LAKE BIOLOGICAL STATION

BOATING RELEASE FORM

In order to insure the safe operation of college owned boats, on college properties and elsewhere,

Excerpt from: **Policy Governing Use of Alcohol and Other Drugs**
SUNY College of Environmental Science and Forestry

- I. The College of Environmental Science and Forestry (ESF) is committed to providing a safe and healthy environment for all members of our community. This policy is intended to articulate, affirm, and maintain community-wide norms that support abstinence and encourage low-risk choices regarding alcohol and other drugs; choices that will not compromise positive living, learning, and/or working experiences for each member of our

Assumption of Risk Acknowledgement

I acknowledge that I have been informed that there are no medical services, emergency or otherwise at the College of Environmental Science and Forestry's Cranberry Lake Biological Station (CLBS) facility, and that transportation to a hospital is likely to take at least 45 minutes. I realize that in the event of illness or injury, medical treatment or injury, this situation could compromise my recovery or prolong any suffering I may experience at the time. I understand that it is my responsibility to bring to CLBS any medical equipment and medications I may need during my time there, including (but not limited to) Epinephrine Auto-Injectors (EpiPens), rescue inhalers, and diabetes medications.

By signing this form, I have given due consideration to these circumstances, the activities in which I will be engaged, and my overall health, and I have been provided with an opportunity to have any questions I may have, answered to my satisfaction. I do hereby voluntarily assume the risks inherent and accept full responsibility for this decision.

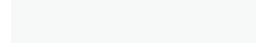
Name (Print) _____

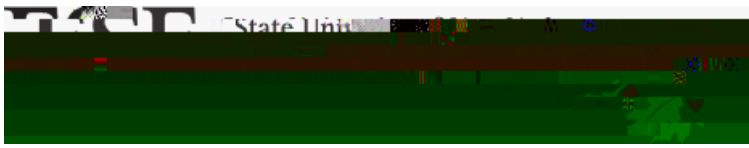
Signature _____ Date _____

(Witness must be faculty or staff) Name (Print) _____

Witness Signature _____ Date _____

There are limits to the number of co





VISITING S

Each CLBS course is 3 credit hours.