Coral Reef Monitoring Volunteer Consent Form Volunteer Information Full Name Address Phone Number Email Emergency Contact Name **Phone Number** Relationship **Medical Information Relevant Medical Conditions Allergies**

Consent and Acknowledgment

- I acknowledge that participating in coral reef monitoring may include certain risks.
- · I confirm that I am participating voluntarily and have been informed about the nature of activities involved.
- I agree to follow all instructions and safety guidelines provided by the organizers.
- I consent to the use of photos/videos taken during the activity for documentation and outreach purposes.

Volunteer Signature

		Date