



**PERSONAL INFORMATION DATA SHEET**

The following information will be used to help evaluate applicants interested in participating in this Primatology Field Methods course at the Lemur Conservation Foundation. The information provided should be accurate and up to date.

Name (print): \_\_\_\_\_ Student ID):\_\_\_\_\_

Local Address: \_\_\_\_\_

Local Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Permanent Phone: \_\_\_\_\_

Birthdate (Mo/Day/Yr):\_\_\_\_\_ Birthplace:\_\_\_\_\_

Citizenship:\_\_\_\_\_ State of Residence:\_\_\_\_\_

**Education:**

If Undergraduate: Major:\_\_\_\_\_ Class Standing:\_\_\_\_\_ GPA:\_\_\_\_\_

If Postbac: Major:\_\_\_\_\_ GPA:\_\_\_\_\_

If Graduate: Major:\_\_\_\_\_ Current Standing:\_\_\_\_\_ GPA:\_\_\_\_\_

Academic Advisor's Name, Department & Contact Information (if applicable) \_\_\_\_\_

Are you seeking academic credit for this course? YES/NO

**Interests and Activities:**

Hobbies (list):

What kind of physical shape are you in? POOR/AVERAGE/GOOD

Do you engage in any regular exercise? YES/NO

Describe:

Briefly describe your level of participation in outdoor activities (e.g, hiking, biking, camping, etc.):

Have you ever held certification in any medical/rescue related activity (first aid, CPR, Lifeguard, EMT, ski patrol, etc.)? YES/NO.

Describe:

Briefly describe your interest in this course and what you hope to accomplish as a result of participation (1-3 sentences).

**References:**

Please list the names, addresses, telephone numbers and email addresses of two individuals who are familiar with your academic work. Request a letter of reference from ONE of these individuals. Ask your academic referee to send their letter directly to the address provided on page 3.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Emergency Contacts:**

Please list the names, addresses and phone numbers of two individuals that could be contacted in the event of an emergency. Please also list their relationship to you (e.g., mother, father, friend)

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Medical Information:**

Please complete the section below. If you answer YES to any of the following, please describe or explain.

1. Any known allergies: YES/NO \_\_\_\_\_  
Any allergic reactions to medication? YES/NO \_\_\_\_\_  
Any allergic reactions to insect bites? YES/NO \_\_\_\_\_  
Any allergic reactions to foods: YES/NO \_\_\_\_\_

2. Are you currently taking any prescribed medications? YES/NO \_\_\_\_\_

3. Are you a vegetarian? YES/NO \_\_\_\_\_

4. Are you currently on a restricted diet? YES/NO \_\_\_\_\_

5. Have you ever suffered from an eating disorder: YES/NO \_\_\_\_\_
6. Are you sun or heat sensitive? YES/NO \_\_\_\_\_
7. Have you ever been treated for any of the following: asthma, diabetes, or high blood pressure? YES/NO \_\_\_\_\_
8. Do you have any medical conditions which would require special accommodation to complete this field training course? YES/NO \_\_\_\_\_

**Field Trip Refund Policy:**

- Do you agree to pay the course fee when due (3 weeks after acceptance) YES/NO  
 Note: in addition to course fee, students will book and pay for airfare.
- Do you agree to book and purchase your airfare to Tampa, Florida? YES/NO  
 Note: wait until your application has been approved before booking.
- Do you agree to the course fee refund policy listed below? YES/NO

- 90% refund 6 weeks in advance of course
- 50% refund 5 weeks in advance of course
- 25% refund 4 weeks in advance of course
- No refund with less than 4 weeks notice

**Other:**

At the Lemur Conservation Foundation's Myakka City Lemur Reserve you will share a bedroom with up to one other student, participate in the preparation and clean up of group meals, do your own laundry (facilities are provided), and share a bathroom with other students. Are there factors that would prevent you from sharing accommodations or performing these activities? If YES, please explain.  
 YES/NO \_\_\_\_\_

The answers I have given are correct to the best of my knowledge.

\_\_\_\_\_  
 Signature of Applicant Date

I authorize the release of this information to the coordinators of this course and their counterparts at the Lemur Conservation Foundation.

\_\_\_\_\_  
 Signature of Applicant Date

## TB TEST RESULTS

Primateology Field Methods

To the student: You may bring this form to your campus student health center or to a health practitioner of your choosing. Student health clinics often have drop-in hours or you may need to schedule an appointment. TB skin tests are inexpensive and test results typically require 48-72 hours.

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To be completed by a medical practitioner.

The following student is a candidate for participation in the above named field school. This individual may be in contact with nonhuman primates and is therefore required to provide verification of having had a TB test within the past six months.

Applicant's Name (print): \_\_\_\_\_

Date of Test: \_\_\_\_\_

Type of test conducted:      skin \_\_\_\_\_      chest x-ray \_\_\_\_\_

Test results:                  negative \_\_\_\_\_      positive \_\_\_\_\_

I verify that the test results for the above named applicant are true.

\_\_\_\_\_  
Name and title (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Facility

\_\_\_\_\_  
Phone

**RELEASE AND INDEMNIFICATION AGREEMENT**

**Student:** (Name and address)

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**STATE OF OREGON, acting by and through  
Its STATE BOARD OF HIGHER EDUCATION  
On behalf of  
PORTLAND STATE UNIVERSITY (PSU)**

**DESCRIPTION OF ACTIVITIES:** I am participating in various field trips, field work, research activities, and other activities as part of my participation in the Primatology Field Methods Course.

I, the above named student, have voluntarily applied to participate in the above Activities. I acknowledge that the nature of the Activities may expose me to hazards or risks that may result in my illness, personal injury, suffering or death and I understand and appreciate the nature of such hazards and risks.

I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Activities.

In consideration of my participation in the Activities and in return for the services, facilities and other assistance provided to me by PSU in these Activities, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release PSU, its governing board, officers, employees and agents from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activities, whether caused by the acts or failure to act (including but not limited to negligence, mistake, or failure to supervise) of PSU, its governing board, officers, employees, or agents, or otherwise. I further agree to indemnify and hold harmless PSU and its governing board, officers, employees, and agents from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activities.

I further agree that this Agreement shall be construed in accordance with the laws of the State of Oregon and that venue for any legal proceeding arising out of this Agreement shall be in Oregon. If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

I understand that PSU reserves the right to expel me from the Activities at any time should my actions or behavior, in the sole discretion of PSU or the Activity leader, impede or obstruct the progress of the Activity in any way or endanger myself, other participants, faculty or staff. In such event, I agree that I remain fully responsible for the entire cost and expenses related to the Activity and that I shall not be entitled to any refund.



## **RULES OF GUESTS AT THE LCF**

### ***General Rules:***

1. All guests must provide proof of a negative TB test performed within the last year to be granted access to the lemurs. If a guest tests TB positive, proof must be provided that the TB is not active or infectious. Additionally we strongly recommend a tetanus booster shot within the previous 5 years. If a guest does not provide proof of a negative TB test, he/she will be required to wear cotton gloves and a face mask when inside the lemur enclosure.
2. Smoking is prohibited in the lemur enclosure and guesthouse. Smoking is allowed in the parking area outside the shelter or outside the guesthouse. Smokers are expected to properly dispose of their cigarette butts.
3. Visitors to the Reserve are not allowed to bring family or friends without prior approval from the manager or director. Visitors are subject to the same rules as guests.

### ***Enclosure Rules:***

1. **Latch and lock the gate.** The enclosure must be locked if you leave the vicinity of the shelter. The gate must be closed and latched at all times.
2. **Keep the forest dry.** While we try to encourage the full “field experience”, the lemur enclosure is not a latrine. If you need to go, either return to the guesthouse or exit the enclosure.
3. **Snack-free zone.** Food consumption is prohibited in the lemur enclosure. Beverages are allowed if they are in a capped bottle but must not be offered under any circumstances to the lemurs.
4. **Look but don't touch.** Unless prior permission is given, all feeding and handling of the lemurs is to be conducted by LCF staff only. Do not feed, touch, or interact with the animals as it affects their behavior and may skew behavioral observations. Please refrain from making loud noises or sudden gestures as they can disturb the lemurs and staff.
5. **Keep your distance.** Do not approach closer than 10 feet to the lemurs during research. Close proximity will affect the lemurs' behavior and skew data. If the lemurs approach you during observations, simply back away slowly. If an animal becomes aggressive toward you, push it aside with your foot, not your hands. Report the event to the staff.
6. **MYOB.** Do not interfere with the lemurs in any way. This includes not breaking up fights. Aggression should be reported at the end of observation sessions, injuries must be reported immediately.
7. **Take cover.** During the summer months lightning strikes are very common and thunderstorms can build suddenly. Take cover immediately at the lemur shelter or guesthouse when a storm approaches within 4 miles of the reserve (i.e. a 20 second count between lightning and thunder). Both are protected by lightning rods.
8. **Report to us.** Please report any injuries, missing animals, prolonged aggressive interactions, copulations, births, or other significant events to the LCF staff. Your input can be important in making management decisions. If you see a lemur trying to, or succeeding in, getting out of the enclosure, keep it in view and call for help. If no one responds, note the lemur's location and find a staff member. Report any interactions between the lemurs and native

wildlife, particularly if it is aggressive. Immediately notify the manager if a potential ground predator is seen in the enclosure or if a raptor attacks a lemur.

### ***Enclosure Recommendations:***

1. **Wear appropriate clothing.** Open shoes and sandals are not recommended because of fire ants and chiggers. You may want to wear long pants and sleeves because the mosquitoes and horse flies are very tenacious.
2. **Wear insect repellent.** Mosquitoes are a year round problem and are worst at dawn and dusk. The local varieties have tested positive with a variety of diseases including West Nile Virus and Encephalitis and can bite through your clothing. Ticks are also around and can carry their own bunch of microbial nasties. You are responsible for providing your own repellent.
3. **Bring a chair.** The ground is frequently wet and is home to a lot of biting and stinging insects including scorpions. Bring a camping stool if you'll be sitting during your observations.
4. **Be aware.** Florida is home to a variety of poisonous and non-poisonous snakes and other potentially harmful wildlife. Be aware of your surroundings and watch where you step. Report any close encounters with wildlife to LCF staff. We have never had any injuries related to the native wildlife – let's keep it that way.

### ***Guesthouse Rules:***

1. **Clean up after yourself.** We have a cleaning service for thorough cleanings, but guests are expected to clean up their own messes. Do the dishes, wash your own laundry, clean up spills, take out the trash, and sweep the floor.
2. **Be conservation minded.** In order that we may continue to offer low cost housing, we ask that you conserve energy and water. Use the ceiling fans to circulate air and keep the AC/heat at a more economical setting. Don't run the dishwasher or washing machine with partial loads. Open the windows when it is comfortable.
3. **Bring supplies.** Food and laundry supplies at the guesthouse are for convenience only. Anything that is used is expected to be replaced in a timely manner. The closest grocery store is a 35-minute drive so plan accordingly.
4. **Bring a phone card.** For your convenience and ours, we ask that all long distance calls be made using a phone card. Wal-Mart usually has good rates, often less than long-distance carriers, or they can be purchased in Myakka City at Dave's Mini-Mart.
5. **Check out time.** When you leave, strip the bed, wash and dry linens and towels, fold and put them away in the closet. Don't forget to return your house key.



## RISK DISCLOSURE & WAIVER OF LIABILITY

I, \_\_\_\_\_, understand that there are inherent risks in working with captive primates. Although bred and raised in a captive environment, and usually behaving tamely, the primates at the Lemur Conservation Foundation are wild animals and may act unpredictably at any time. While prosimian primates are not reported to harbor the hepatitis and *Herpes simiae* viruses associated with anthropoid primates they can harbor zoonotic diseases, including but not limited to intestinal parasites and rabies. Further, I understand that any bite wound, even if superficial, may become infected or that I may develop tetanus if I do not seek proper medical attention for wounds inflicted by an LCF animal.

I also understand that there are risks inherent to working outdoors in Florida. These risks include, but are not limited to, diseases transmitted by biting or stinging insects, bites from venomous reptiles and insects, bites from diseased mammals, injuries sustained from falling tree limbs, injuries sustained from slipping, tripping, falling, etc., drowning, and lightning strike.

*Initial*

\_\_\_\_\_ I have read the LCF Guest Rules.

\_\_\_\_\_ I attest that I am working at the Lemur Conservation Foundation of my own free will and that I may refuse to work because of the risks mentioned above.

\_\_\_\_\_ I have my own medical insurance and will use it to seek treatment for any disease or injury resulting from my time spent at the Lemur Conservation Foundation.

\_\_\_\_\_ I understand the risks mentioned above and will neither hold the Lemur Conservation Foundation or its staff liable, nor will I seek compensatory or punitive damages for diseases, injuries, or death resulting from my work at the Foundation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of LCF Official

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date