

Sponsoring Agency Emergency Management Contact

For each voyage on RV *Investigator* the Sponsoring Agency is required to nominate an emergency contact person and an alternative who must:

- be contactable at all times during of the voyage and have the authority to mobilise all required Sponsoring Agency resources to assist with emergency response;
- support the MNF's emergency response on receipt of any reasonable request;
- provide competent carer(s) who are able to support and assist Sponsoring Agency personnel as required on the ground at any location where personnel are landed during an emergency and assist with their safe repatriation to home base;
- take over communications with Sponsoring Agency personnel next of kin from the MNF in the event personnel are landed on shore during an emergency; and
- act as the Sponsoring Agency contact for any HSE incident reports (emergency or otherwise) involving Sponsoring Agency personnel which may be reported by the MNF.

Emergency Contact

First name

Last name

Position

Organisation

Organisation
address

Town

State

Postcode

Country

24 hr phone
number

Email

Alternative Emergency Contact

First name

Last name

Position

24 hr phone
number

Email

Employer/Sponsor Indemnity and Release Form

at

(enter name of sponsoring organisation)

(enter address of employer/sponsoring organisation)

being the employer/sponsor organisation, agrees to the listed people (see over for "Participants") taking part in the scientific expedition on RV *Investigator* beginning about

(enter voyage number)

(enter voyage date)

It is acknowledged that the participant(s) have signed a CSIRO release form for personal injury and death as well as property and equipment loss and damage. In consideration of CSIRO providing access to RV *Investigator's* scientific voyage facility, the employer/sponsor hereby releases and indemnifies CSIRO, its officers, agents and employees from and against;

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| a) any claim or liability for injuries to person, including death and all damages, costs and expenses incurred in defending or settling such claims or liabilities; | b) any loss and damage to property and equipment; and | c) any other loss, cost, liability and expense, |
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directly arising out of each participant's involvement in the expedition provided that this release shall not apply in respect of, and such indemnity shall be reduced proportionally to, the extent that any negligent act or omission of CSIRO, its agents, or employees may have contributed to any such claim, loss, cost liability or expense.

The employer/sponsor's liability under this indemnity will be limited to losses, costs, liabilities or expenses incurred as the result of incidents that occur during the voyage period (from the commencement of mobilisation of the voyage to the completion of demobilisation).

Signed by a duly authorised officer for and on behalf of the employer/sponsor:

Signed this _____ day of _____ 20____ by _____
(date) (month) (year) (signature of signing officer)

(Name of signing officer)

(Position/title of signing officer)

in the presence of _____
(name of witness) (date) (signature of witness)

Employer/Sponsor Indemnity and Release Form

List of Participants

[Include here the persons identified in the Voyage Plan as Sponsoring Agency Personnel, and any other Sponsoring Agency employees, officers, agents, contractors, students or other persons coming aboard the Vessel in connection with the Sponsoring Agency's participation in the Voyage, including without limitation any relevant observers or officials.]