

Florida Museum of Natural History
Dickinson Hall

Name: _____

I have been informed of the potential risks associated with the storage of natural history specimens in alcohol in Dickinson Hall. I have been informed of means of egress should a situation arise that requires evacuation of Dickinson Hall.

I have read, understand, and accept these conditions.

Acknowledgement/Signature

Date

Employee Volunteer Grad Student Intern Visiting Researcher Other_____

Name Badge Needed Collection/Division:_____

Title for Name Badge:_____

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