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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