## Attendance list

Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disclaimer

I have read the SoSD Rockpool Survey health and safety declaration and accept full responsibility for myself and any children (under 18) in my care participating in this survey.

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|  | Name | Signature | Donation (optional) |
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