

## Participant Consent Form - Urban Canyons Initiative Insect Traps/Environmental Monitor/Acoustic Monitor Location

Thank you for agreeing to keep scientific equipment at your residence as part of the San Diego Natural History Museum (“Museum”) Urban Canyons Initiative Project. Your participation in the project will help the Museum gather specimens and important biodiversity data in the Southern California region that will be used for research, education and programming.

The Museum will place Museum-owned scientific equipment listed on page two of this consent form at a mutually agreed upon location at your residence. With your advance permission, the Museum will return to your residence periodically to collect specimens and data. The Museum will remove the equipment when the Museum wishes to relocate it or at the end of the study. The estimated duration of the study is two to six months; however, if you decide to move or otherwise want the equipment removed, please provide the Museum with at least a 30-day notice so that the Museum can remove the equipment at a mutually convenient time.

By participating in the project, you agree to consult with Museum staff before relocating the equipment except in an emergency situation, to allow the Museum to list your name as the specimen collector and the locality coordinates of your residence (but not your street address) in specimen data records, and to take reasonable care to protect the Museum’s equipment from damage. In the event that the equipment is damaged, stolen, or needs to be moved in an emergency situation, please notify the Museum as soon as possible.

I, \_\_\_\_\_ (Participant Name), hereby agree that participation in the Urban Canyons Project is at my own risk. By participating, I agree to waive and release the Museum, its Board of Directors, employees, and volunteers of any and all liability for injury I may suffer, and I indemnify and hold them harmless for any loss or damages I may experience. I agree to follow the San Diego County Department of Health guidelines to observe social distancing and wear protective face coverings as required when meeting with staff in-person.

Checking here indicates my consent to allow the Museum to include my name and photograph, and media taken at my study site for promotional or study purposes at the Museum’s option.

Checking here indicates that I have read and agree to the waiver of liability statement above.

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Initials

If you have any questions or concerns about the equipment or other aspects of the study, please feel free to contact me at the phone number or email address listed below. Thank you for playing an important part of this major study.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Participant Name:

Home Address:

Phone Number:

Email Address:

Acknowledge and Agreed to:

\_\_\_\_\_  
Museum Representative Signature

\_\_\_\_\_  
Date

Museum Rep Name:

Phone Number:

Email Address:

\_\_\_\_\_  
**Equipment to be placed at participant residence (*Museum staff to circle and initial by all that apply*):**

1 Malaise trap with support frame & sample bottles [Initial: \_\_\_\_]

1 Blue Vane trap with stake [Initial: \_\_\_\_]

1 Environmental Monitor (sensors, battery supply, housing & battery charging equipment) [Initial: \_\_\_\_]

1 Acoustic Monitoring station (audio recorder & housing) [Initial: \_\_\_\_]