**Confirmation from a science agency of individuals being scientists or researchers**

**<Place and date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**>**

I, the undersigned, hereby confirm that the institution / organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ operates in the field of science and research according to the enclosed research proposal. The findings of the research expedition will be shared with the Scientific Advisory Board of the Department of Civil Protection.

This is an application for access to a restricted area due to seismic activity in Bárðarbunga and volcanic eruption in Holuhraun lava field for the following employees of the research institution / organization:

| **Name:** | **Occupation:** | **Identification No.:** | **Mobile phone:** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

With my signature I confirm that the above-mentioned are my employees.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and identification No.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness to the signing**

**Declaration regarding insurance policies of employees of a media company and reimbursement of rescue costs**

**<Place and date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**>**

The undersigned hereby declares that his employees entering into the restricted area of seismic activity in Bárðarbunga and the volcanic eruption in the Holuhraun lava field in accordance with the map enclosed with rules on admission: Have valid insurance to cover bodily harm or damage to health which might occur during their work in the area. The undersigned also declares that the covers the costs that may incur due to their rescue from the restricted area.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration from employee due to access to restricted area of seismic activity in Bárðarbunga and volcanic eruption in Holuhraun lava field**

**<Place and date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**>**

I, the undersigned employee of the Science Institute/Science company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_hereby declare, that I am aware of the hazards in the restricted area in accordance with the currently valid hazard assessment. I am also aware that circumstances for rescue operations may be extremely difficult. With my signature I waive all entitlement to claims on the Treasury due to bodily harm or damage to health which I may experience during my work within the restricted area.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and identification No**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness to the signing**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness to the signing**