



KODIAK AREA NATIVE ASSOCIATION

"HARVEST AND HOLD" RELEASE OF INFORMATION

Name: _____ Phone: _____ Email: _____

I acknowledge that the location of my shellfish samples will be shared when levels of Paralytic Shellfish Toxins warrant a public notice.

I acknowledge that Kodiak Area Native Association (KANA) is *not* a regulatory agency and the consumption of wild shellfish in Alaska is considered 'dig at your own risk'.

YES **NO** I would like to redact my name from shared datasets

YES **NO** I would like to share my contact information with other harvesters when requested

YES **NO** I would like to subscribe to KANA's bi-weekly email report that contains testing results from around Kodiak Island. My email will not be utilized for any other purpose.

Signature: _____ Date: _____

The following agreement applies to all current and future shellfish samples submitted by the harvester to KANA