Age of Sail Overnight Program – Adult Medical Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Participant Information | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | |  |  | | | | | M | | F |
| Name | | | | |  | Date of Birth | | | | | Sex | | |
|  | |  |  | |  |  | |  |  | | | | |
| Home Phone | |  | Work Phone | |  | Home Phone | |  | Work Phone | | | | |
|  | | | | |  |  | | | | | | | |
| Address | | | | |  | Address | | | | | | | |
|  | | | | |  |  | | | | | | | |
| City, ST ZIP Code | | | | |  | City, ST ZIP Code | | | | | | | |
|  | | | | |  |  | | | | | | | |
| Emergency Contact | | | |  | | | Insurance Information | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | |  |  | | | | | | | |
| Emergency Contact | | | | |  | Name of Family Physician | | | | | | | |
|  | |  |  | |  |  | |  |  | | | | |
| Home Phone | |  | Work Phone | |  | Physician Phone | |  | Physician Office/Hospital | | | | |
|  | | | | |  |  | | | | | | | |
| Address | | | | |  | Insurance Provider | | | | | | | |
|  | | | | |  |  | | | | | | | |
| City, ST ZIP Code | | | | |  | Insurance ID # Group # | | | | | | | |
|  | | | | |  |  | | | | | | | |
| Medical Information | | | | | | | | | | | | | |
|  | | | | | | | | | |  | |  | |
| Do you have any physical or medical conditions or restrictions? ……………………… | | | | | | | | | | **YES** | | **NO** | |
|  | Explain: | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| Do you have any allergies?.................................……………………………………….. | | | | | | | | | | **YES** | | **NO** | |
|  | List: | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| Do you take prescribed medication regularly?………………………………………… | | | | | | | | | | **YES** | | **NO** | |
| Explain: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

In consideration of myself or my child participating in the programs of the San Francisco Maritime National Park Association, I agree on behalf of myself and my child to assume all risks of injury to my child and to waive all claims, actions, and damages against the Maritime Park Association. I further agree not to sue the Maritime Park Association, its officers, directors, employees, agents or assigns for any claims arising out of participation in the Maritime Park Association’s programs, the actions of the school district or youth group's employees, officers or agents, or the actions of the program participants.

Date of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Release

We request that all participants agree to the below provisions and sign below to acknowledge their agreement. A participant without an initialed participation agreement will not be allowed to participate in the program.

A. Participation Agreement

In consideration of myself or my child participating in the programs of the San Francisco Maritime National Park Association, I agree on behalf of myself and my child to assume all risks of injury and to waive all claims, actions, and damages against the Maritime Park Association. I further agree not to sue the Maritime Park Association, its officers, directors, employees, agents or assigns for any claims arising out of participation in the Maritime Park Association’s programs, the actions of the school district or youth group's employees, officers or agents, or the actions of the program participants.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Participant’s Name |  |  |
|  |  |  |
| Signature of Parent or Legal Guardian |  | Date |

**B. Photo Release**

For the purposes of fund-raising and public awareness, the San Francisco Maritime National Park Association uses photographs and videos of the program in action. These materials may be published in print or made available on our website. Such publications are a very important part of our fundraising efforts. Your child's image may appear in such photos or videos taken by the adult chaperones or our official photographers. We are sensitive to privacy issues, and therefore specific names of participants and their school addresses will not be disclosed.

MEDIA RELEASE: I hereby give permission for San Francisco Maritime National Park Association staff and/or any person acting on their behalf and/or other participants to photograph my child and allow San Francisco Maritime National Park Association to use these pictures in the course of its operations, including publicizing its programs and raising funds. I release all publication rights to said media. (San Francisco Maritime National Park Association will not use student’s names or other identifying information.)

**OPT OUT SECTION:**To **OPT OUT**, please check the box below and sign:

**☐ I DO NOT give permission       Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**C. San Francisco Maritime Opportunities**

SF Maritime offers a wide range of programs, events, and opportunities. Would you like to stay connected with us?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_