



Inspiring a Passion for Learning...

ADULT CHAPERONE RELEASE

Name _____ staff member of participating school? Yes No

I recognize that I am agreeing to 1) accept general liability for my participation in this program aboard *S/V Carlyn* and 2) hold harmless Salish Sea Expeditions and Four Winds, Inc., their officers, directors, employees and volunteers from all claims, liability or lawsuits arising from my behavior or disregard of regulations while participating on a Salish Sea Expedition.

I certify that I am aware of the inherent dangers of sailing and water-related activities and hereby assume such risks. I also accept liability for my motor vehicle transportation by Salish Sea Expeditions.

Date: _____ Signature: _____

Print first and last name: Mr. Mrs. Ms. (circle one) _____

Home Phone: (____) _____ Work Phone: (____) _____

Mailing address: _____

City: _____ State: _____ Zip: _____ Cell phone or pager: _____
(include area code)

email: _____

Photographic Release: I do ____ I do not ____
give permission to Salish Sea Expeditions to take photographs in which my image appears. These may appear in a newsletter or other materials. (Individuals will not be named in any materials.)

Media Release: I do ____ I do not ____
give permission to Salish Sea Expeditions for my image to be included in any media (print, radio or tv) coverage that may take place during my expedition.

(OVER)

MEDICAL & EMERGENCY CONTACT INFORMATION
(confidential)

Please complete the checklist below. For all “yes” answers, please elaborate in the space below or on a separate piece of paper.

| Do you currently have (or have a history of) any of the following: | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| <u>asthma or any other respiratory problems?</u> | | |
| <u>diabetes?</u> | | |
| <u>allergic reactions to anything (e.g. food, medicines, bites or stings)?</u> | | |
| <u>epilepsy, fainting or dizziness, or seizures?</u> | | |
| <u>cardiac conditions (e.g. heart murmurs, irregular heartbeat)?</u> | | |
| <u>dietary restrictions (e.g. allergies, vegetarian, lactose intolerant)?</u> | | |
| <u>eating disorders (e.g. anorexia, bulimia)?</u> | | |
| <u>pregnancy?</u> | | |
| <u>neck/back/shoulder/knee/ankle/wrist/hand/arm problems?</u> | | |
| <u>any other medical conditions that we should be aware of?</u> | | |

If you answered “yes” to any of the above, please elaborate here. Be as specific as possible as we may need to provide this information to medical personnel in an emergency. If you will be taking medications during the program (prescribed or over the counter), please specify what and how often.

If you have any fear of the water, please indicate here: _____

In the event of an accident or emergency, you will be transported to a medical facility. In the event that we are unable to communicate with you, do you give medical personnel permission to begin treatment? _____

Your doctor: _____ Telephone#: _____

Insurance Carrier: _____ Policy #: _____

Please provide an additional emergency contact:

Name (Print) _____

Relation _____ Telephone _____