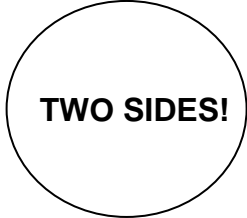




"Inspiring a Passion for Learning"



PARENT/GUARDIAN CONSENT

_____ has my permission to participate in the Salish Sea Expedition program aboard the S/V Carlyn.

In granting this permission, I recognize that I am agreeing to 1) accept general liability for my child's participation in this program 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 child's misbehavior 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 child's motor vehicle transportation by Salish Sea Expeditions.

I recognize that as part of each program, Salish Sea Expeditions may ask my child to help evaluate the effectiveness of the Salish program. This may include a short questionnaire, observation of all students while aboard, and informal discussions. No student will be identified by name in the information or reports of the program evaluation.

Date: _____ Signature of Parent/Guardian: _____

Student Signature: _____

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

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

Mailing address: _____ email: _____

City: _____ State: _____ Zip: _____ Cell phone or pager: (____) _____

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.
(Students will not be named in photos)

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.

Your child's birthday: _____ Male _____ Female _____

(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.

Does your child 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 we are not able to contact you. If your child will be taking medications during the program (prescribed or over the counter), please specify what and how often.

If the participant has any fear of the water, please indicate here: _____

In the event of an accident or emergency, your child will be transported to a medical facility. Every effort will be made to contact you. In the event that we are unable to reach you, do you give medical personnel permission to begin treatment? _____

Your child’s doctor: _____ Telephone#: _____
Insurance Carrier: _____ Policy #: _____

If we are unable to contact you in the event of an accident or emergency, please provide an additional emergency contact:

Name (Print) _____

Relation _____ Telephone _____