



Medical, Health, and Waiver Form for Youth Participant

Please **FILL** in **EVERY** blank, mark N/A if not applicable.

Section 1: General Information

1. Program Start Date ____/____/____

2. Participant's Information

Name: _____

Gender (circle one): M F Age at Program Start: _____ Birthdate: _____

3. Name(s) of custodial parent/guardian(s): _____

Address: _____

City, State, Zip: _____

Day Phone: (____) _____ Evening or Cell Phone: (____) _____

Email address: _____

4. Name and Phone of Additional Emergency Contact: _____

Section 2: Health Information

5. Family Physician: _____ Phone (____) _____

Physician's Address: _____

6. Is applicant covered by any hospitalization/medical care policy? (circle one) Yes No

Insurance Company Name _____ Policy or Certificate # _____

Note: Parent/guardian is responsible for any medical expenses and each participant should be covered by his/her own sickness and accident insurance.

7. Does the participant have any health problems, preexisting conditions, or recent injuries of which the medical officer should be aware? If yes, please describe: _____

8. Medication: On an index card or separate slip, list **all** medications taken routinely along with dosage and frequency of administration. This includes over-the-counter and prescription drugs. Place the list in one zip closed bag in the original packaging which identifies the medication name and prescribing physician (if applicable). All youth medications will be administered by a supervising adult.

- This person takes **no medications** on a routine basis.
- This person takes medications as follows: (Please list medication name, dosage, and specific time taken each day for each medication. You may write "as needed" if the medication is only taken when needed.)

Medication: _____ Dosage: _____ Time taken: _____

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I authorize the following over-the-counter medications to be administered as needed: (Circle the medications **permitted**)

- | | | |
|--------------------------------|---------------------------------|---|
| -Acetaminophen (ex. Tylenol) | -Diphenhydramine (ex. Benadryl) | - Antacid (ex. Roloids or Tums) |
| -Pseudoephedrine (ex. Sudafed) | -Cough Drops (ex. Chloraseptic) | -Ibuprofen (ex. Advil) |
| -Calamine Lotion | -Cough Syrup (ex. Robitussin) | -Loperamide (ex. Imodium or Maalox) |
| -Aspirin | -Dimenhydrinate (ex. Dramamine) | -Bismuth Subsalicylate (ex. Pepto Bismol) |

Does this person carry an inhaler or Epi-pen? _____

9. List any allergies (medications, insects, plants, latex, etc.):

10. Dietary restrictions or food allergies (vegetarian, nut allergy, seafood allergy, strong dislikes, etc.):

All medical information submitted is for the sole use of Call of the Sea and its medical advisors. Consent is hereby given for the applicant to participate in a Call of the Sea program and permission is given for any emergency transportation, hospitalization, anesthesia, operation, or other treatment which might become necessary. All information will remain confidential in the hands of the vessel's captain during the program. If, for religious or other reasons, you wish NOT to authorize treatment, please attach a letter of explanation.

Section 3: Waiver

- A. PHOTO RELEASE: I hereby give permission for Call of the Sea Staff and/or any person acting on their behalf and/or other participants to photograph my child and allow Call of the Sea to use these pictures in the course of its operations, including

publicizing its programs and raising funds. I release all publication rights to said photos. (If, for any reason, you wish NOT to authorize release of photos, please attach a letter of explanation. Call of the Sea will not use students' names or other identifying information.) I disagree, letter of explanation attached Initials: _____

B. ASSUMPTION OF RISK AND RELEASE:

This Assumption of Risk and Release applies to my minor child or ward _____'s, participation in Call of the Sea's Programs.

ASSUMPTION OF RISK AND RELEASE: I RECOGNIZE THAT BEING A PARTICIPANT IN CALL OF THE SEA'S PROGRAMS HAS INHERENT RISKS. THOSE RISKS INCLUDE BUT ARE NOT LIMITED TO A BROAD RANGE OF THINGS THAT CAN HAPPEN WHILE BOATING, VISITING WATERFRONT AREAS, DOCKS, RAMPS, GANGWAYS AND TRAVELING ON WATER OR PARTICIPATING IN ANY "OVER-THE-SIDE" ACTIVITIES INCLUDING BUT NOT LIMITED TO SWIMMING, DIVING, AND SNORKELING. SOME OF THOSE RISKS INCLUDE, BUT ARE NOT LIMITED TO, TRIPPING, FALLING, SLIPPING, LOSING ONE'S BALANCE, DROWNING, LOSS OF CONSCIOUSNESS, LINE HANDLING ACCIDENTS, ANYTHING THAT CAN HAPPEN WHEN HELPING TO HANDLE AND MANEUVER THE SHIP, BECOMING SEASICK OR EXPERIENCING A COLLISION OR THE SHIP SINKING. I RECOGNIZE THAT ALL OF THOSE RISKS ALSO INCLUDE THE POSSIBILITY OF PERSONAL INJURY AND EVEN DEATH. I WISH MY MINOR CHILD OR WARD TO PARTICIPATE IN THIS PROGRAM IN SPITE OF THOSE RISKS.

IN CONSIDERATION FOR MY MINOR CHILD OR WARD'S USE OF AND PARTICIPATION IN THE PROGRAMS OF CALL OF THE SEA, I HAVE AND DO HEREBY FULLY ASSUME ALL RISK, KNOWN AND UNKNOWN, OF ANY HARM, DAMAGES, INJURY, ILLNESS OR DEATH, TO MY MINOR CHILD OR WARD HOWEVER CAUSED, EVEN IF CAUSED IN WHOLE OR IN PART BY THE ACTION, INACTION, OR NEGLIGENCE OF CALL OF THE SEA, ITS OWNERS, EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, MANAGERS, ASSIGNS AND VESSELS (COLLECTIVELY REFERRED TO AS "CALL OF THE SEA") AND HEREBY RELEASE AND DISCHARGE CALL OF THE SEA TO THE FULLEST EXTENT ALLOWED BY LAW INCLUDING BUT NOT LIMITED TO ALL CLAIMS OR DEMANDS FOR DAMAGES RESULTING FROM MY MINOR CHILD OR WARD'S USE OF OR PARTICIPATION IN THE PROGRAMS OF CALL OF THE SEA. I WILL NOT HOLD "CALL OF THE SEA" LIABLE FOR ANY RISKS I

ENCOUNTER OR DAMAGES INCURRED. I AGREE THAT THIS ASSUMPTION OF THE RISK AND RELEASE SHALL BE BINDING UPON ME PERSONALLY, MY MINOR CHILD OR WARD, AS WELL AS UPON MY MINOR CHILD OR WARD'S HEIRS, EXECUTORS AND ADMINISTRATORS, AND ALL FAMILY MEMBERS.

I HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD CALL OF THE SEA, HARMLESS FROM AND AGAINST ALL LIABILITY DAMAGES, COSTS AND EXPENSES, INCLUDING ATTORNEYS' FEES AND COURT COSTS, RESULTING FROM OR ASSOCIATED WITH, ANY DAMAGE, PERSONAL INJURY OR DEATH RESULTING FROM MY MINOR CHILD OR WARD BEING A PARTICIPANT IN THE PROGRAM.

IN THE EVENT OF A DISPUTE ARISING OUT OF OR RELATED TO THIS CONTRACT THE PARTIES AGREE THAT ANY LITIGATION WILL BE BROUGHT ONLY IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA. THIS CONTRACT SHALL BE APPLIED AND INTERPRETED UNDER THE GENERAL MARITIME LAWS OF THE UNITED STATES, OR, TO THE EXTENT THAT LAW IS DEEMED INAPPLICABLE, TO THE LAWS OF THE STATE OF CALIFORNIA.

c.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS AN ASSUMPTION OF RISK AND RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND MY MINOR CHILD OR WARD, ON THE ONE HAND, AND CALL OF THE SEA AND SIGN IT OF MY OWN FREE WILL AND IN ITS ENTIRETY. I HAVE READ AND CONSIDERED IT CAREFULLY, I HAVE NOT BEEN RUSHED OR PRESSURED IN ANY WAY INTO AGREEING TO THESE TERMS. I FULLY RECOGNIZE THAT I HAVE THE OPTION OF SIMPLY NOT HAVING MY MINOR CHILD OR WARD PARTICIPATE IN A CALL OF THE SEA PROGRAM IF I AM NOT COMPLETELY COMFORTABLE WITH THESE TERMS.

Signature of Parent/Legal Guardian or Participant (if over 18)

Date

Name of Parent/Legal Guardian (please print)