

SEA SCOUT SAFETY AT SEA WEEKEND
RELEASE AND WAIVER OF LIABILITY & MEDIA RELEASE FOR SEA SCOUT PARTICIPANTS

I, _____ (Participant) fully understand that the Safety at Sea Weekend involves certain inherent risks, including working with damages control equipment, tools, flares, fire extinguishers, and man overboard rescue equipment. I wish to participate in these activities knowing that they are dangerous. Understanding these risks I choose to proceed with this safety training event and agree that neither the United States Coast Guard, the Boy Scouts of America, Sea Scout volunteers, officers, members, any adult scout leader, contractor, boat operator, boat owner, [hereinafter referred to as Released Parties] may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this Sea Scout program.

LIABILITY RELEASE

I hereby acknowledge that I have voluntarily requested participation for myself or my minor child in the Safety at Sea Weekend. I am aware that safety instruction and all water activities are dangerous and my child is voluntarily participating with the knowledge of the danger involved and hereby agrees to accept any and all risks of injury or death.

I hereby release and hold harmless the Boy Scouts of America, the Sea Scouts, the United States Coast Guard, its employees, independent contractors, volunteers and agree neither I nor my heirs and/or assignees will make claim against, sue, attach the property of, or prosecute any of them for injury to myself, my property or to anyone else, or for damage resulting from the negligence or other acts or omissions however caused, as a result of my engaging in any sailing or related activity while at the Safety at Sea Weekend at the Coast Guard Station Yerba Buena Island.

MEDICAL RELEASE FOR YOUTH PARTICIPANT

If emergency care is required for my child, and if I am unable to convey permission in a timely manner, then I, the undersigned, authorize appropriate medical care as deemed necessary by the (name of leader) _____, Skipper of your child's Sea Scout Ship, and/or the Safety at Sea Weekend Staff, and/or United States Coast Guard, emergency medical personnel, a physician or the medical facility providing treatment.

The undersigned do hereby consent to any x-ray examination, anesthetic, medical, or dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the Provision of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Sea Scout event, or elsewhere.

The authorization will remain in effect while the above minor is enroute to or from or involved in any Boy Scout activity, unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

Media Release

Participants of the Sea Scout Safety at Sea Weekend understand they maybe filmed, photographed, or otherwise recorded for various promotional or media purposes, and hereby grant permission to use their images in Sea Scout social networking sites, promotional materials and printed publications.

Signature _____ Date _____
Of Parent/Guardian of Youth Participant under 18 years of age. Sea Scouts over the age of 18 must sign themselves.

I HAVE READ THIS RELEASE.

Signed (Parent/Guardian): _____

Dated: _____

Printed: _____

Address: _____

City: _____

Emergency Contact: _____

Home Phone: _____

Name and Phone of Doctor: _____

Medical Insurance Company: _____

Date of Birth of Participant _____

State: _____

Cell Phone: _____