

SCHOONER MARTHA FOUNDATION

(206) 310-8573

3518 Fremont Ave N #303

PO Box 1811

Seattle, Washington 98103

Port Townsend, WA 98368

ACCEPTANCE OF RESPONSIBILITY AND RELEASE OF LIABILITY

AWARENESS of RISKS

Recognizing that SCHOONER MARTHA FOUNDATION will do its best to ensure a safe experience, I understand that there are risks and hazards inherent to participation in the activities of this program. Some of the risks include, but are not limited to, cuts, broken bones, sprains and head injuries, heat exhaustion, heat stroke and drowning. I agree to assume these risks. To reduce the chance of injuries, I recognize that I must follow safety instructions and refrain from behavior that is harmful to ones self and others.

I understand that it is my responsibility to provide for my own accident and health coverage while participating in this program either in USA land/water or Canadian land/water and I further understand that SMF does not provide coverage for participants.

AUTHORIZATIONS

Participation

I give permission to participate in supervised activities on the schooner yacht MARTHA, including but not limited to sailing, shore leave, rowing, swimming, and use of hand tools.

I understand that pictures may be taken during participation of this program. I give permission for SMF to use these pictures for promotional purposes.

Medical Treatment

I give permission to be given first aid and/or cardiopulmonary resuscitation (CPR) by a qualified crew person of SMF. I also give permission to be transported by United States Coast Guard, or ambulance to an emergency center for treatment. I consent to the medical, surgical and hospital care treatment and procedures to be performed by a licensed physician or hospital selected by SMF when deemed immediately necessary or advisable by the physician to safeguard my health.

RELEASE FROM LIABILITY

I hereby agree to release the SCHOONER MARTHA FOUNDATION, it employees, volunteers and agents from any and all responsibility of any nature, including claims for injury, illness, death, loss or damage, resulting from my participation in any SMF activity. If any of this release is held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect.

I have read and agree to the ACCEPTANCE OF RESPONSIBILITY AND RELEASE OF LIABILITY of all the above statements.

Signature of Participant

Date

Information about participant
Name: _____

Mailing Address: _____

City, State, Zip: _____

Emergency contact name and phone:

Physician and Physician's telephone:
