

ACKNOWLEDGEMENT OF RISK AND WAIVER FOR ALL PARTICIPANTS

Welcome to the Ocean Institute! We want you and everyone to have a memorable and safe experience.

The Ocean Institute's environment, vessels, facilities, and activities are unique and different from your usual surroundings and activities. There are many inherent risks, dangers, and hazards and everyone must exercise caution at all times in order to avoid or minimize the risk of damage, injury, and death.

Examples of these risks, dangers, and hazards include, without limitation: (a) walking and standing surfaces that may be wet, slippery, moving, irregular, unstable, and rough; (b) open areas such as hatches into which someone could fall; (c) low or irregular lighting, or no lighting at all; (d) objects and equipment that could fall on someone; (e) low ceilings; (f) ropes, chains, and other items that could strike or entangle someone; (g) extreme and variable physical, weather, and ocean conditions, including darkness, sun glare, storms, and hot and cold temperatures; (h) vessels, docks, buildings, ladders, and stairs from which someone could fall; (i) vessels and docks that could pitch, roll, capsize, flood, collide, and sink; (j) gaps between a vessel and a dock that could open or close suddenly and unpredictably; (k) possible encounters with wildlife and plants; and (l) unavailability of medical attention and treatment.

If you attend and Ocean Institute activities, then you must exercise caution at all times to protect yourself and others from these risks, dangers, and hazards. If children or other persons under your care attend any Ocean Institute activities, then discuss these risks, dangers, and hazards with them as they too must exercise caution at all times.

Program Name:

Program Date:

Participant Name:

Last:

First:

Birth date:

Guardian Name:

Last:

First:

Home Phone:

Cell Phone:

Work Phone:

Address:

City:

State:

Zip:

Email:

If you attend any Ocean Institute activities, and/or if others under your care attend any Ocean Institute activities, then by checking the box below you, on behalf of yourself and such other persons, shall be deemed to have read and understood this document and to have irrevocably waived any and all claims against the Ocean Institute and its directors, officers, employees, contractors, volunteers, agents, and insurers for damage, injury, accident, illness, or death occurring during or by reason of such activities.

Additionally, I authorize the use of photos taken of me and others under my care by the Ocean Institute for its promotional purposes.

As the Parent/Guardian, I have read and agree to the statements made on this document.

Today's Date:

CREWS FOR THE PASSAGE TO THE MOTHER LODE

Divide your class/group evenly into four "crews." The students are encouraged to name their own crews, with the names reflecting a group of gold seekers. Each crew needs to have a student mate (designated by "M" on the crew list) who is in charge of that particular crew. Each crew will have an adult safety officer. **To ensure program integrity, parent chaperones will be assigned to a crew different than their child.**

| Crew: | |
|-----------------|--|
| M | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| Safety Officer: | |
| Safety Officer: | |

| Crew: | |
|-----------------|--|
| M | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| Safety Officer: | |
| Safety Officer: | |

| Crew: | |
|-----------------|--|
| M | |
| 2 | |
| 3 | |
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| 6 | |
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| 8 | |
| 9 | |
| 10 | |
| Safety Officer: | |
| Safety Officer: | |

| Crew: | |
|-----------------|--|
| M | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| Safety Officer: | |

ADULT MEDICAL FORM

Name _____

Address _____ City _____ State _____ Zip _____

Home Telephone Number (____) _____ - _____

Age _____ Date of Birth ____/____/____

Social Security Number _____ - _____ - _____

Closest Relative (to notify in the event of an emergency)

Name _____

Address _____ City _____ State _____ Zip _____

Home Telephone Number (____) _____ - _____

Work Telephone Number (____) _____ - _____

Additional Emergency Contact

Name _____

Address _____ City _____ State _____ Zip _____

Home Telephone Number (____) _____ - _____

Work Telephone Number (____) _____ - _____

Insurance Information

Medical Insurance Group Name and Number _____

Additional Information

Do you have any physical or medical conditions or restrictions?

If yes, please explain _____

Do you have any allergies? Please specify _____

Do you regularly take any prescription medications? Please specify _____

STUDENT MEDICAL FORM**PLEASE PRINT CLEARLY**

I/We, the parent(s) or guardian(s) of the participant named below, wish to register my/our child in the Ocean Institute's _____ Program. Dates attending _____ to _____.

Participant's Name (Last) _____ (First) _____

Home Phone (____) _____ Cell Phone(____) _____ Birth date ____ / ____ / ____

Address _____ City _____ State ____ Zip _____

In case of emergency, please notify: Parent(s)/Guardian(s) Name _____

Address _____ City _____ State ____ Zip _____

Daytime Phone Number (____) _____ *Business Number (____) _____

*Employer _____ *Social Security Number _____

Alternate Person in case of emergency, please notify: _____ at (____) _____

Name/Phone number of Family Physician _____

Name/Number of family medical insurance carrier _____

* For Medical Insurance Claims only

PARTICIPANT HEALTH INFORMATION

1. Does the participant have any physical or medical conditions or restrictions? Yes ____ No ____

If so, please describe: _____

If your child has a special medical or physical condition, your physician should understand that the participant will be away from home for two full days. Please have your physician write a note indicating agreement that the participant is fit enough to fully participate in the program and to also include any special instructions.

2. Is your child subject to any of the following? Please circle:

Homesickness Sleepwalking Bed wetting (send extra bedding) Car/motion sickness

3. Does your child have any dietary requirements or restrictions? Yes ____ No ____

If so, please describe: _____

4. Does your child have any allergies that may be of concern? Yes ____ No ____

If so, please describe the severity: _____

5. Has the participant recently been ill or exposed to any communicable diseases? Yes ____ No ____

If so, please explain: _____

ADMINISTRATION OF MEDICATION, PAGE 1

Name of Participant _____

Dates Attending _____

The nature of the program requires that all children participate in a variety of learning and social activities involving vigorous walking and hiking. Standardized, well-balanced meals are provided.

It is understood that the Ocean Institute is not legally obligated to administer medication to my/our child, and therefore, I/we agree to hold the Ocean Institute and its personnel free from any and all responsibility for the results of such medication, or the manner in which it is administered and to indemnify each of them against the loss of reason of any civil judgment arising out of these arrangements which may be rendered against them.

INSTRUCTIONS

No one is to administer medication to any child without authorization of the parent(s) or guardian(s). If you wish your child to receive medication you must fill out Part I: Prescription Medication and/or Part II: Non-Prescription Medication. These forms will be kept with the medication. **A parent/ guardian and physician's signature is required for each of these sections.**

Part I: Prescription Medication**MEDICATION 1**

Diagnosis _____ Date of Examination _____

Medication Prescribed _____ Dosage _____

Schedule and Method of Administration _____

Comments _____

Physician's Signature _____

Parent(s)/Guardian(s) Signature _____

MEDICATION 2

Diagnosis _____ Date of Examination _____

Medication Prescribed _____ Dosage _____

Schedule and Method of Administration _____

Comments _____

Physician's Signature _____

Parent(s)/Guardian(s) Signature _____

ADMINISTRATION OF MEDICATION, PAGE 2

Name of Participant _____

Dates Attending _____

Part II: Non-Prescription Medication

MEDICATION 1

Medication _____ Dosage _____

Reason for Administration on Medication _____

Schedule and Method of Administration _____

Comments _____

Physician's Signature _____

Parent(s)/Guardian(s) Signature _____

MEDICATION 2

Medication _____ Dosage _____

Reason for Administration on Medication _____

Schedule and Method of Administration _____

Comments _____

Physician's Signature _____

Parent(s)/Guardian(s) Signature _____

MEDICATION 3

Medication _____ Dosage _____

Reason for Administration on Medication _____

Schedule and Method of Administration _____

Comments _____

Physician's Signature _____

Parent(s)/Guardian(s) Signature _____

CLOTHING AND THINGS TO BRING

These programs are intended to recreate the austere life of a working sailor. However, you will be extremely uncomfortable if you do not bring adequate clothing and proper gear. Remember, the crewmembers will be exposed to the elements onboard the ship and must be prepared for all types of weather. A sunny warm day can quickly turn into a cool, windy, wet evening.

All participants need to wear clothing that is safe (long pants and closed-toed shoes with good traction). Clothing should be comfortable to work in and old enough that parents will not mind if they get dirty.

All participants will require:

- 1 sleeping bag
- 1 bowl, cup, and spoon (no glass)
- 1 set of rain gear, including rain boots
- 2 sets of comfortable clothing, in case one gets wet
- 2 pairs of socks and closed-toed rubber-soled shoes
- warm jacket, gloves, and hat

NO participants may bring:

- shorts, skirts, or sandals
- cell phones, pagers, or watches
- jewelry of any kind
- games and toys
- gum, food, candy, sodas, etc.
- electrical anything
- cameras (except one or two adults may have a camera or video camera)
- weapons, matches, or lighters
- sunglasses (except adults)

All gear is to be placed in large plastic trash bags so that it can withstand transit in all types of weather. Please make sure that all your gear will fit into one bag. All bags should be labeled so that you can easily identify your own gear.

LETTER TO SAFETY OFFICERS

Dear Safety Officers,

Welcome Aboard! You will soon be participating in an exciting voyage aboard a tallship where students recreate the life of a sailor. This unique program is designed to teach history using role-playing and a hands-on approach. In order to help you better prepare for your field trip, we have provided this Safety Officer Information Package that includes the following forms:

- Clothing and Supply List
- Acknowledgement of Risk and Waiver
- Adult Medical Form

The students have been prepared to role-play, and they understand that they will be going on an imaginary voyage. In addition to the program's historical instruction, the students will be challenged to develop problem-solving and teamwork skills while experiencing lessons in responsibility.

As a safety officer, you will be signing aboard as one of the "greenhand sailors" with the understanding that you are to be an active participant. Safety officers are responsible for keeping an eye out for potential safety problems and assist in keeping discipline. No more than one adult should be taking pictures or video, since this becomes a distraction. All adults should be prepared to participate in every aspect of the program including role-play and taking orders from the student mates.

Your main responsibility as a safety officer is to assist your crew in standing night watch. The Captain will give you all the instructions after the evening's activities—it is your job to maintain the safety of the watch and to motivate the students during their duty.

The students will be told that you are another hand in the crew—it is important that you play along with the role. Please be ready to lend your body, but never your mind—let the students do the problem solving. It is the process, and not the product, which our program encourages. We cannot stress enough that your attitude influences the success of the entire voyage. We ask that you stay with your crew and participate through positive role-play and teamwork. Most of all, enjoy watching your students learn and grow through their experiences.

Requirements:

- Know the scenario of the program
- Familiarize yourself with the resource materials included in the teacher preparation package
- Understand the basic terminology used onboard: Aye, Avast, Carry-on, etc.
- Do not sign up for the same crew as your child
- Be sure to check the list of things to bring!
- No cell phones or pagers allowed
- No smoking permitted on board, on the dock, or on any Ocean Institute property
- Safety officers must stay aboard the vessel with their crew for the entirety of the program. Safety officers will not have the opportunity to leave the premise to smoke, make telephone calls, etc.
- No late arrivals or early departures—no exceptions. You must be able to make the full commitment for the entire program—2:30 PM until 9:00 AM

The safety of all participants is our first priority.

- Our instructors are certified in CPR and first aid
- We do have a phone onboard to make outgoing calls should an emergency arise
- We follow all Fire Marshal, Health Department, and United States Coast Guard regulations

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