

Volunteer Crew Registration Form

LAST NAME:	FIRST NAME:	
VOYAGE DATES:	DEPARTURE PORT:	
ARRIVAL PORT:		
YOUR ADDRESS:		
CITY:	STATE:ZIP:	
HOME PHONE:	MOBILE PHONE:	
EMAIL:		
AGE:HAVE YOU SA	AILED BEFORE? PLEASE DESCRIBE:	
		DO YOU
HAVE ANY FOOD ALLERGIES/REST	FRICTIONS?	
PLEASE LIST ANY MEDICATIONS	YOU ARE ON, OR WILL BE BRINGING WITH YOU:	
EMERGENCY CONTACT NAME:		
EMERGENCY CONTACT PHONE NU	MBERS:	
PASSPORT NUMBER:		
PASSPORT ISSUE DATE:	EXP DATE:	
DATE OF BIRTH:	NATIONALITY:	

PAYMENT INFORMATION:

Once your registration has been approved, you will be asked to make a 50% deposit for your voyage either by check or credit card. If you cancel up to 1 week before departure, there is no charge. Thereafter, only half of your deposit will be refunded. The balance due will be paid upon departure.

World Ocean School Confidential Medical Form To be completed by the applicant

PART I: General Information

Applicant Name						
Applicant Name						
Address	·					
City/State/Zip						
Gender Male Female	Age DOB//					
Heightin. Weight _						
Daytime Telephone # ()						
Evening Telephone # ()	_					
Emergency Contact	Physician					
Name	Name					
Name	Nume					
Relationship	Telephone # ()					
	FAX # ()					
Daytime Telephone #	Do you speak/understand English?					
()	☐ Yes ☐ No					
Evening Telephone #						
()						
Cell Phone # ()						
Insurance Information						
Each participant is responsible for any medical expenses	and should be covered by his/her own illness and					
accident insurance. Please attach a photocopy of both t	he front and back of your insurance card.					
The following questions must be answered for our record	ds:					
DO YOU HAVE INSURANCE? Yes No						
Insurance Company Policy/Certificate #						
Prescription Plan # Telephone # ()						
Signature Required						
Consent is hereby given for the applicant to attend	a World Ocean School program and permission is given					
for any emergency anesthesia, operation, hospitalization	n or other treatment which may become necessary.					
All information will remain confidential. You should I	know that a participant with a variety of					
medical/psychological difficulties can successfully compl	ete our programs, but we must be aware of these					
conditions. Failure to disclose such information could re	sult in serious harm to you and your fellow students.					
Physician Signature	Date					
Applicant's Signature	Date					

PART II: Participant History: Past and Present Medical Problems

Conditions and Symptoms (Please FILL in EVERY blank!)

#	Condition	Υ	N	#	Condition	Υ	Ν	#	Condition	Υ	Ν
1	High Blood Pressure			24	Frostbite			47	Ankle Problem		
2	Heart Disease			25	Circulation Problems			48	Leg Problem		
3	Heart Murmur			26	Bedwetting			49	Foot Problem		
4	Irregular Heartbeat			27	Headaches			50	Currently Pregnant		
5	Family history of heart attack			28	Head injury with neurological impairment			51	Medical Equipment/ Devices		
6	Tuberculosis			29	Stomach Ulcers			52	Learning Disability		
7	Recent Exposure to TB			30	Intestinal Problems			53	Special Diet		
8	Positive TB test			31	Heatstroke			54	Unexpected Wght Loss		
9	Active Hepatitis			32	Bladder Infection			55	Other		
10	History of Hepatitis			33	Difficulty Urinating				ou currently or regula	rly	
11	Seizure Disorder/Epilepsy			34	Kidney Problems			have any of the following symptoms?			
12	Seizure w/in past year			35	Thyroid Problems			56	Chest Pain/Pressure		
13	Bleeding Disorder			36	Endocrine Problems			57	Heart Palpitations		
14	Blood Disorder/Anemia/Sickle Cell Trait			37	Hearing Impairment			58	Frequent Shortness of Breath		
15	Chronic Cough			38	Vision Impairment			59	Unexplained Sweating		
16	Recurrent Lung Infections			39	Motion Sickness			60	Frequent Dizziness		
17	Asthma			40	Sleep Walking			61	Frequent Fainting		
18	Diabetes			41	Broken Bones			62	Heartburn		
19	Hypoglycemia (↓blood sugar)			42	Neck Problem			63	Muscle Cramps		
20	Anorexia Nervosa			43	Back Problem			64	Intolerance to Warm or		
21	Bulimia			44	Arm Problem			65	Cold Temperatures		
22	Cancer			45	Shoulder Problem			66	PMS/Menstrual Problems		
23	Skin Problem			46	Knee Problem			67	Other		

If you have answered "yes" to any of the above items, please explain below. Include the following:

- Specific symptoms that are occurring
 - How long symptom/condition lasts
 - o Date of last occurrence
- How often symptom/condition occurs
- How you care for symptom/condition
- How symptom/condition restricts your activity in any way, including your ability to run, lift, and climb

Item #	Detailed Description (including restrictions, if any) PLEASE PRINT CLEARLY

NONE or please Medication List Below NOTE: If you are curr along with dosage ins	re Currently dication, plea EARLY) ist any medi Taken Sympt ently taking tructions.	ations you are using for com/Condition	g, including psy Dosage Size/Frequ ency	ychiatric, over-t Date Started	he-counte Current (if any)	t Side Effects
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(PLÉASE PRINT CLEA NONE ☐	aorgonolos (Urgont Caro				
NONE 🗌		orgent care				
Date of Visit/A	,	list any hospital, er	mergency depai	rtment, or urge	nt care vis	sits within the past 2 years
	dmittance	Reason				Length of Stay
Swimming Ability (Ch	ock Opo)					
☐ Non-Swimmer ☐ Strong Swimmer		Cannot swim more Current Lifesaving (☐ M	oderate Sv	wimmer
G. Blood Pressure (N Blood Pressure	/	_	f voyage depart	ture)		
Date Taken		_				
IF BP is over 150/90, Second Reading Date Taken	please take	second reading:				

WORLD OCEAN SCHOOL

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, AND AGREEMENT OF RELEASE AND INDEMNITY

The success of the voyage in which you are participating depends to a large extent on good communication among all parties involved. It is important to World Ocean School that you understand the nature of its programs and that you are informed regarding certain issues including risks and limitations of liability. Your signature below reflects certain understandings and certain agreements. You makes these agreements for yourself individually.

For and in consideration of being allowed to participate in the World Ocean School Program for which I have enrolled, I understand and agree as follows:

I am aware that certain risks and dangers may be encountered during the program in which I will be participating, offered by World Ocean School, its agents and associates. Some of these risks include, but are not limited to, the hazards of sailing aboard a traditionally rigged schooner along the eastern seaboard, launching - sailing and rowing the ship's dories, accidents or illnesses at sea distant from medical facilities; the unpredictable forces of nature; acts of terrorism, and travel by air, train, automobile, boat or other means of conveyance. These risks may result in the loss of property, personal injury, including emotional trauma, and in extreme cases even death.

I understand that members of the staff of World Ocean School have been available to answer any questions I might have regarding these or any other items, which describe the World Ocean School program. Any questions I have had have been fully answered to my complete satisfaction.

I acknowledge and assume the risks described above and all others associated with the activities in which I will be participating and accept full responsibility for my physical and emotional safety, personal property and well-being in encountering such risks.

As an adult, I hereby agree, to the fullest extent allowed by law as follows:

to release World Ocean School, its trustees, agents, representatives, officers, directors, employees, owners, independent contractors and all others associated with it, and the owners of properties on which World Ocean School activities may take place (the Released Parties), from any right, claim or cause of action which I may have for any injury, damage or loss to person or property arising from my enrollment or participation in any activity of World Ocean School. Such rights, claims or causes of action include those for personal injury, wrongful death, emotional trauma, property damage, products liability (including strict liability), breach of warranty or contract, or any other legal theory, except the gross negligence or intentional wrongs of World Ocean School.

to defend, hold harmless and indemnify World Ocean School and other Released Parties from any claim, and from any liability, loss damages or expenses (including reasonable attorneys' fees) resulting from a claim, including one brought by a fellow adult, rescuer, a member of my family, or any other person asserting a loss the proximate cause of which is my participation in the activities of World Ocean School.

I am aware that The World Ocean School is a charitable corporation located in Camden, County of Knox, Maine U.S.A. All matters relating to or arising out of or involving in any way my relationship with World Ocean School shall be governed by the substantive laws of the State of Maine and any mediation or suit shall be filed only in the State of Maine. If a dispute with World Ocean School or the Released Parties cannot be amicably resolved, I agree to submit the matter to mediation before a mutually agreeable mediator recognized by Maine courts, in an effort to avoid suit. I agree to pay all costs and attorneys' fees incurred by World Ocean School or the Released Parties in defending a claim or suit if the claim or suit is withdrawn or to the extent a court determines that World Ocean School or the Released Parties is not responsible for the claim, injury or loss.

If any part of this agreement is found to be invalid, the remainder of the agreement nevertheless shall be of full force and effect. The terms of this Acknowledgment and Assumption of Risks, and Release and Indemnity Agreement are binding upon me, my heirs, executors, administrators and all members of my family.

I understand and agree that this acknowledgement and assumption of risk and agreement of release and indemnity is intended to be as broad and inclusive as is permitted by the State of Maine and if any provision shall be found to be unlawful, void or for any reason unenforceable, then that provision shall be severed from this agreement and does not affect the validity and enforceability of any remaining provisions.

I affirm that this agreement supersedes any and all previous oral or written promises or agreement. I understand that this is the entire agreement between me and World Ocean School and cannot be modified or changed in any way by representations or statements by any agent or employee of World Ocean School. This agreement may only be amended by a written document duly executed by all parties.

I understand that any and all photographs, motion pictures, recordings, and/or likenesses of me taken by World Ocean
School, its agents, employees and representatives, contractors or the media become the sole property of World Ocean
School. I grant the right, permission and authority to World Ocean School and its designees to use my name or any
such photographs, motion pictures, recordings and/or likenesses for any legitimate purpose, including but not limited to
promoting, advertising and marketing activities. I further understand that World Ocean School and its designees have
the full right to sell and/or profit from the commercial use of such photographs, motion pictures, recordings and/or likenesses.

x		
SIGNATURE	DATE	
Printed Name		

Please sign below.