



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 SAILED BEFORE? PLEASE DESCRIBE: _____

_____ DO YOU

HAVE ANY FOOD ALLERGIES/RESTRICTIONS? _____

PLEASE LIST ANY MEDICATIONS YOU ARE ON, OR WILL BE BRINGING WITH YOU:

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBERS: _____

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 _____ Address _____ Apt. # _____ City/State/Zip _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Age _____ DOB ____/____/____ Height _____ft. _____in. Weight _____lbs. Daytime Telephone # (____) _____ Evening Telephone # (____) _____	
Emergency Contact Name _____ Relationship _____ Daytime Telephone # (____) _____ Evening Telephone # (____) _____ Cell Phone # (____) _____	Physician Name _____ Telephone # (____) _____ FAX # (____) _____ Do you speak/understand English? <input type="checkbox"/> Yes <input type="checkbox"/> No
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 the front and back of your insurance card. The following questions must be answered for our records: DO YOU HAVE INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Company _____ Policy/Certificate # _____ Prescription Plan # _____ Telephone # (____) _____	
Signature Required <p>Consent is hereby given for the applicant to attend a World Ocean School program and permission is given for any emergency anesthesia, operation, hospitalization or other treatment which may become necessary.</p> <p>All information will remain confidential. You should know that a participant with a variety of medical/psychological difficulties can successfully complete our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you and your fellow students.</p> <hr/> <div style="display: flex; justify-content: space-between;"> Physician Signature Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Applicant's Signature Date </div>	

Allergies (Including allergies to medicines, foods, insect bites/stings)

(PLEASE PRINT CLEARLY)

NONE or...

Allergy List Below	Reaction	Medication Required (if any)

C. Medications You Are Currently Taking

(If psychiatric medication, please list any taken within the past 2 months)

(PLEASE PRINT CLEARLY)

NONE or... please list any medications you are using, including psychiatric, over-the-counter, & inhalers

Medication List Below	Taken For Symptom/Condition	Dosage Size/Frequency	Date Started	Current Side Effects (if any)

NOTE: If you are currently taking a medication, bring double amounts in separate, non-breakable, waterproof containers, along with dosage instructions.

Immunization

World Ocean School recommends that all of its participants have a current tetanus immunization (w/in 10 years).

Hospitalizations/Emergencies/Urgent Care

(PLEASE PRINT CLEARLY)

NONE or... please list any hospital, emergency department, or urgent care visits within the past 2 years

Date of Visit/Admittance	Reason	Length of Stay

Swimming Ability (Check One)

- Non-Swimmer Cannot swim more than 100 yards Moderate Swimmer
 Strong Swimmer Current Lifesaving Certificate

G. Blood Pressure (Must be taken within 6 months of voyage departure)

Blood Pressure _____/_____

Date Taken _____

IF BP is over 150/90, please take a second reading:

Second Reading _____/_____

Date Taken _____

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.

Please sign below.

X _____
SIGNATURE DATE

Printed Name