

Adult Waiver Form

Part I.

Ship: _____

Group Name: _____ Program Date: _____

Adult Name (Please Print) (_____) - _____ - _____ (_____) - _____ - _____
Home Phone Work Phone

(Complete Address)

Emergency Contact Information

Name (_____) - _____ - _____ (_____) - _____ - _____
Home Phone Work Phone

Complete Address: (Street, City, State, Zip Code)

Minor in my care: _____

Part II.

I agree to release and forever discharge the Historic Ships in Baltimore and the Living Classrooms Foundation, Inc., it's Officers, Board of Trustees, Employees and Agents, it's Officers and Crew (hereinafter "Released Parties") from any and all liability, damages, claims or causes of action, arising out of or in any way connected with my boarding of the USS *Torsk* and Lightship *Chesapeake* or participation in the on board program.

I further agree to indemnify and hold forever harmless liability, damages, claims or causes of action made or brought by myself as a result of or in any way connected with my boarding or participation in the program.

I acknowledge that the Historic Ships in Baltimore and/or Living Classrooms Foundation reserves the right to video, photograph, or record any activity associated with this educational event and that photos, video, or audio recordings taken may be used in the museum's printed material or on the museum's website or by broadcast media for educational and promotional purposes.

I understand that smoking or other use of tobacco products, or consumption of alcoholic beverages aboard ship or ashore are prohibited.

Part III.

I understand that in choosing to participate in the overnight program I will assist the *Torsk* staff and chaperone the youths in my overnight group.

My signature below indicates that I have read, understand, and will comply with all stipulations contained in Part II and Part III of this document. Failure to do so may result in the summary dismissal from the program of both myself and my child.

Signature

Date

