



**Kitsap Maritime Heritage Foundation Volunteer Crew Health Info
Liability Release/Emergency Information**

Pre-requisites: Signed volunteer crew application

Name _____ Date _____

Age _____ Birth Date _____

If an emergency was to occur, I give permission for a representative of KMHF to contact emergency services and I give EMS and hospital providers' permission to treat life threatening emergencies.

Signature _____ Date _____

If Minor, Parent or Guardian Signature Required

Parent/Guardian Signature _____ Date _____

Medications _____

Allergies _____

Food Allergies _____

Medical History _____

Emergency Contact

Name _____ Phone _____

Relationship _____

Doctor's name and phone number _____

Medical Insurance Company _____

Insurance policy number _____

I, _____, plan to participate in maintenance, sailing, docent and restoration aboard vessels operated by Kitsap Maritime Heritage Foundation (KMHF). I am physically fit to participate in projects involving the use of tools, lifting heavy objects, using paints and varnishes aboard the vessels and have no pre-conditions that may make my participation dangerous to my health. I am responsible for monitoring my ability and my limits. I hereby release the Kitsap Maritime Heritage Foundation, and all agents or employees of KMHF from any and all liabilities to me with respect to injury, illness or loss.

Signature _____ Date _____

If Minor, Parent or Guardian signature

Signature _____ Date _____