NEW HAMPSHIRE
BOAT MUSEUM

MEDICAL WAIVER FORM
ADULT & FAMILY BOAT BUILDING

Adult Participant's Name _____

Child/Other Participant's Name _____

Local Address _____

Local Phone _____ **Email** _____

I do hereby give my permission for myself/our family to participate in the Adult/Family Boat Building program which is sponsored by the New Hampshire Boat Museum. I assume all risks and responsibilities incidental to myself/ our family's participation, including transportation to and from the activity(ies). Furthermore, I do hereby waive, release, absolve, indemnify, and agree to hold harmless, the NH Boat Museum and the paid and volunteer employees of this organization for any injury or death or contraction of COVID-19, which may result from the participation of the person(s) named on this form in this activity.

Signature primary guardian or adult participant _____ Date _____

Signature secondary guardian _____ Date _____

Medical Information

To help ensure the safety and welfare of all children/adults participating in the NHBM Adult & Family Boat Building programs, we are requesting that this form be completed as part of the registration process.

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

INSURANCE INFORMATION:

We do / do not have family medical insurance. Name of Company _____

Our family doctor is _____ Phone _____

MEDICAL INFORMATION: (please circle all that apply)

Asthma Fainting spells Epilepsy Diabetes Heart trouble Convulsions Other _____

Allergy (describe) _____

Reaction to medication(s) (type/frequency) _____

Other _____

Date of last tetanus shot _____

I/my child has difficulty with (please circle): Eyes Ears Nose Throat Lungs

Other (describe) _____

AUTHORIZATION: This health history is correct to the best of my knowledge and the person(s) have/has my permission to take part in all prescribed activities of this/these programs. In the event that none of the above-named persons can be reached in an emergency, and only in the case of an emergency, I hereby give my permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

Signature _____ Date _____