

**SAN FRANCISCO MARITIME NATIONAL PARK ASSOCIATION
EDUCATION PROGRAMS RELEASE FORM**

In consideration of my child participating in the programs of the San Francisco Maritime National Park Association, I agree on behalf of myself and my child to assume all risks of injury to my child and agree to waive all claims, actions, damages and agree not to sue the Maritime Park Association, it's officers, directors, employees, agents or assigns for any claims arising out of participation in the Maritime Park Association's programs the actions of the school district or youth group's employees, officers or agents, of the program participants.

Date of Program: _____

Participant's Name (Child): _____

Parent's Name: _____

We request that all parents agree to the above provision and sign above to acknowledge their agreement.

A child without a signed release form will not be allowed to participate in the program.

Signature of Parent _____

Date: _____

USS Pampanito Overnight Program

MEDICAL FORM

Each participant must complete the form. Please print.

Date of Visit: _____

Group Name: _____

Participant's Name: _____

Adult Child(under 18) _____

Address: _____

Emergency Contact: _____

Relationship: _____

Phone number at which emergency contact can be reached throughout the duration of this program: _____

Do you have any physical or medical conditions, restrictions, or special needs? If so, please describe: _____

For parents/guardians: Occasionally photographs of the program are used in publications. If you do not want photographs containing your child's image used, please initial here: _____

Signature of Participant _____

(if under 18, signature of parent or guardian): _____

Date: _____