

**SAN FRANCISCO MARITIME NATIONAL PARK ASSOCIATION
Medical and Liability Form**

→ (To be completed by Parent or Guardian of participants under the age of 18) ←

In consideration of my child participating in the programs of the San Francisco Maritime National Park Association (herein "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 Association, its officers, directors, employees, agents, or assigns for any claims arising out of my child's participation in the Association's programs, the actions of the sponsoring organization or its employees, officers, and agents of the program participants.

Date of Program: _____

Participant's Name: _____

Parent/Guardian's Name: _____

A minor without a duly signed Release Form will not be allowed to participate in the program.

Signature of Parent/Guardian: _____

Date: _____

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SAN FRANCISCO MARITIME NATIONAL PARK ASSOCIATION

→ (To be completed by ALL participants) ←

Date of Program: _____

Group Name: _____

Participant's Name: _____

Adult (over 18) Minor (under 18)

Address: _____

Emergency Contact: _____

Relationship: _____ Phone Number for Emergency Contact: _____

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

Occasionally photographs of the program are used in publications. If you do *not* want photographs containing your image (or your child's) used in print or online, please indicate here: _____

Signature of Participant _____ Date _____

Signature of Parent/Guardian if under 18 _____