

# NEW HAMPSHIRE BOAT MUSEUM

## ADULT & FAMILY BOAT BUILDING 2020

July 11 - 19, 2020 · Saturday - Sunday · 8:30 AM - 3:30 PM (9 DAY SESSION)  
DEADLINE TO APPLY IS JULY 3, 2020 · SPACE IS LIMITED

The New Hampshire Boat Museum is proud to again offer this program for adults or a team of parent(s) or grandparent(s) and child to assemble a selected boat project. We will provide all the tools, supplies and expertise to help you build your boat. Depending on the type of boat you select, you may be finished prior to the 15th. The extra time is allocated for those building a Paddleboard or Opti. At the end of the session, a special launching on Lake Wentworth will be held to celebrate the completion of the craft.

- **CANOE:** Two-person canoe, 400lbs Max
- **KAYAK:** One-person kayak
- **BEVIN'S SKIFF:** a 11'6" skiff that will accommodate several adults and can be adapted to handle a small outboard motor
- **12' 6" PADDLEBOARD**
- **8' OPTIMIST SAILING DINGHY**



### *Application*

- TWO-PERSON CANOE - \$795     PADDLEBOARD - \$1,195  
 ONE-PERSON KAYAK - \$995     OPTIMIST SAILING DINGHY - \$1,495  
 BEVIN'S SKIFF - \$1,295

COURSE REGISTRATION:     Members - \$40     Not-Yet- Members - \$70

**PAYMENTS MUST BE RECEIVED BY JULY 3, 2020** (a late fee may be assessed after this date)

Total Due: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**QUESTIONS OR CONCERNS? CONTACT MARTHA CUMMINGS AT (603) 569-4554 OR MARTHA@NHBM.ORG**

Please make checks payable to **NHBM** and mail with completed application and medical waiver to:  
Boat Building/New Hampshire Boat Museum · PO Box 1195 · Wolfeboro Falls, NH 03896

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## 2019 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 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 \_\_\_\_\_