

NEW HAMPSHIRE  
BOAT MUSEUM

2024 WAIVER & MEDICAL FORM  
ADULT & FAMILY BOAT BUILDING

Adult Participant's Name \_\_\_\_\_

Child/Other Participant's Name \_\_\_\_\_

Local Address \_\_\_\_\_

Local Phone \_\_\_\_\_ Email \_\_\_\_\_

In consideration of participating in the Adult & Family Boat Building Program sponsored by the New Hampshire Boat Museum, a New Hampshire non-profit corporation, of 399 Center Street, P.O. Box 1195, Wolfeboro Falls, New Hampshire 03896, I, the undersigned, intending to be legally bound for myself and my heirs, executors and assigns, waive and release all rights and claims or causes of action of any nature for injury, death, damages or other losses whatsoever which I may have against the New Hampshire Boat Museum, its officers, directors, employees, agents and volunteers, their representatives, successors and assigns arising out of my participation in the Adult & Family Boat Building Program.

I understand and acknowledge the risks, including the risk of exposure to COVID-19, involved in participating in the Adult & Family Boat Building Program and I am proceeding at my own risk. I am physically capable of performing the tasks involved in the Program and I am not aware of any medical condition that could pose a health or safety hazard to me or others as a result of my participation. I acknowledge that the New Hampshire Boat Museum makes no warranties or representations, expressed or implied, regarding the safety of the Adult & Family Boat Building Program or the equipment provided by the Museum.

By signing below, I acknowledge that I have thoroughly read and understand this release, that the statements made in it are all true and that I am at least 18 years of age or, if I am not 18 years of age, the signature and consent of my parent or legal guardian is included below.

Signature primary guardian or adult participant \_\_\_\_\_ Date \_\_\_\_\_

Signature secondary guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature primary guardian or adult participant \_\_\_\_\_ Date \_\_\_\_\_

Signature primary guardian or adult participant \_\_\_\_\_ Date \_\_\_\_\_

Signature primary guardian or adult participant \_\_\_\_\_ Date \_\_\_\_\_

# Medical Information

To help ensure the safety and welfare of all children/adults participating in the NHBM Adult & Family Boat Building programs,

## 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

**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 \_\_\_\_\_