



**Gundalow  
COMPANY**

Protecting the Piscataqua region's  
maritime heritage and environment  
through education and action

## STUDENT SAIL REGISTRATION AND WAIVER

*Please print and complete. Each passenger must turn in this form before sailing.  
Waivers for participants under age 18 must be signed by a parent or legal guardian.*

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

Age (youth only): \_\_\_\_\_

School or Group: \_\_\_\_\_

Date of Sail: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone number: \_\_\_\_\_

### **Photo Release**

☐ Check if you **do not** give permission for Gundalow Company Staff and/or person acting on their behalf to photograph myself/my child and allow Gundalow Company to use these pictures as it sees fit. I release all publication right to said photos

### **Medical Release**

I hereby give permission to the Gundalow Company Staff and/or any adult member of the participating group to transport myself/my child to a doctor and/or a hospital for treatment. I authorize all medical, surgical, diagnostic and hospital care procedures which may be performed or prescribed for myself/or my child by a licensed physician or hospital, when efforts to contact me are unsuccessful, and when deemed immediately necessary or advisable by the physician to safeguard myself/or my child. I waive my right of informed consent to such treatment. *If, for religious or other reasons, you wish NOT to authorize treatment, please attach a letter of explanation.*

### **Participation Release:**

I acknowledge that I have voluntarily chosen and HEREBY GIVE permission for myself/my child to participate in a program conducted by Gundalow Company. I hereby certify that I am cognizant of the inherent dangers of sailing and water related activities and I hereby assume such risks. I HEREBY UNDERSTAND AND AGREE that Gundalow Company, its owners, directors, officers, operators, agents, employees, instructors, staff and crew together with other unnamed assistants, shall not be liable in any way for any occurrence in connection with any accident, injury or occurrence to myself or the above named participant in connection with the activities of Gundalow Company unless the same is as a result of the negligence on the part of the above referred entities and persons. I further hereby waive and release any claim for personal injury or death against the above referred entities and persons and any and all damages to me, the above named participant, my estate, my family, heirs and assigns. In consideration of myself or the above named participant being allowed to participate in the activities of Gundalow Company, I hereby personally assume all risks in connection with said activities, whether foreseeable or unforeseeable and further to save and hold harmless said program, entities and persons from any claim by me, the above named participant, our families, estates, heirs and/or assigns arising out of my or the above named participant's enrollment and participation in this program. I further agree to indemnify Gundalow Company for all claims, demands, costs, and/or judgments arising out of my own acts or omissions arising from my participation. I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein and contractual and not a mere recital; and that I have signed this document as my voluntary act.

***I have fully informed myself of the content of this agreement by reading it before signing:***

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature (if participant under 18): \_\_\_\_\_