DOB: ___ ___ /___ ___ / ___ ___ ___ ___

SEA SCOUT BASE – GALVESTON
(SSBG)

INDIVIDUAL PARTICPANT
RELEASE & WAIVER OF LIABILITY FORM
HEALTH & MEDICAL RECORD

Special Note

TO BE USED FOR NON-BOY SCOUTS OF AMERICA (BSA) PROGRAMS ONLY

FOR BOY SCOUTS OF AMERICA PROGRAMS, PLEASE UTILIZE THE OFFICIAL BSA HEALTH & MEDICAL FORM LOCATED AT www.Scouting.org

ALL YOUTH AND ADULTS THAT PLAN TO ENGAGE IN SEA SCOUT BASE – GALVESTON PROGRAMS MUST COMPLETE ALL 6 PAGES OF THIS PACKET. PLEASE REMEMBER TO LIST THE PARTICIPANTS NAME AND BIRTHDAY AT THE TOP OF EACH PAGE AND TO INCLUDE ANY REQUIRED ADDITIONAL PHOTO COPIES LISTED WITHIN THE BODY OF THIS DOCUMENT.

 Participant Last Name: _____ First Name _____

DOB: ___ ___ /___ ___ / ___ ___ ___ ___

RELEASE AND WAIVER OF LIABILITY

In consideration for being allowed to access or use property owned or possessed by, and/or participate in programs, activities, or events sponsored, organized, provided, or performed by, Sea Scout Base Galveston, d/b/a Galveston Community Youth Sailing Center ("SSBG"), and on behalf of any minor or legally incompetent person listed as a Participant below, I agree to comply with, and ensure that such minor or legally incompetent person complies with, all rules and regulations posted or otherwise promulgated by SSBG regarding such property, programs, activities, and events, and I agree to PROTECT, DEFEND, INDEMNIFY, AND HOLD HARMLESS SSBG, its employees, directors, managers, officers, agents, representatives, and supporters, including Point Glass, LLC and its employees and owners (all such persons and entities together, the "Covered Group"), from and against any and all cost, expense, and liability for any illness, personal injury, death, financial loss, property loss, and/or property damage that I or the minor or legally incompetent individual might suffer or cause, and for any wrongful death action that the heirs and/or estate of any person might bring, arising out of, relating to, or associated with me or said minor or legally incompetent individual using or accessing property owned or possessed by SSBG or Point Glass, LLC and/or participating in a program, activity, or event sponsored, organized, provided, or performed by SSBG, INCLUDING, WITHOUT LIMITATION, ANY SUCH COST, EXPENSE, AND LIABILITY, OR WRONGFUL DEATH ACTION, CAUSED OR BROUGHT ABOUT BY THE NEGLIGENCE OF ANY MEMBER OF THE COVERED GROUP.

I UNDERSTAND THAT I AM AGREEING THAT NEITHER I NOR MY HEIRS OR ESTATE, AND NEITHER SAID MINOR OR LEGALLY INCOMPETENT INDIVIDUAL NOR HIS OR HER HEIRS OR ESTATE, MAY PURSUE ANY CLAIM FOR DAMAGES AGAINST ANY MEMBER OF THE COVERED GROUP ARISING OUT OF ANY PROPERTY OWNED OR POSSESSED BY SSBG OR POINT GLASS, LLC OR ARISING OUT OF ANY PROGRAM, ACTIVITY, OR EVENT SPONSORED, ORGANIZED, PROVIDED, OR PERFORMED BY SSBG.

THE UNDERSIGNED COMPETENT ADULT HEREBY AFFIRMS NATURAL OR LEGAL GUARDIANSHIP AND/OR LEGAL RESPONSIBILITY OVER ANY MINOR OR LEGALLY INCOMPETENT INDIVIDUAL LISTED AS A PARTICIPANT BELOW and consents to said minor or legally incompetent individual participating in the programs and activities of SSBG.

If it is determined that any provision herein is unenforceable under applicable law, the unenforceable provision shall automatically be amended to conform to that which is enforceable under the law, and all other provisions hereof shall be construed and enforced as if no unenforceable provision were ever included herein. This Release and Waiver of Liability is the entire agreement between the signatories and SSBG relating to the subject matter herein, supersedes all prior agreements, promises, correspondence, discussions, representations, and understandings regarding the subject matter herein, can be amended or modified only in a writing signed by SSBG and the below signatories, and shall be binding upon and inure to the benefit of the signatories and SSBG, their respective heirs, successors, and permitted assigns.

_____ _____

Name of Participant **Name of Parent or Legally Responsible Person**

_____ _____

Signature of Participant **Signature of Parent or Legally Responsible Person**

_____ _____ / _____ _____ / _____ _____ _____ ____ / _____ _____ / _____ _____

Date **Date**

DOB: ___ ___ /___ ___ / ___ ___ ___ ___

Informed Consent, Release Agreement, and Authorization

I understand that participation in Sea Scout Base – Galveston activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or SSBG Directly. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or SSBG Staff. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the SSBG Staff member in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/ Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program.
I further authorize the sharing of the information on this form with any medical providers or SSBG staff who need to know of medical conditions that may require special consideration in conducting any SSBG activities.

I also hereby assign and grant to the Sea Scout Base - Galveston, as well as their authorized representatives, the right and permission to use and publish the photographs/ lm/videotapes/electronic representations and/or sound recordings made of me or my child at all SSBG activities, and I hereby release SSBG, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/ lm/videotapes/electronic representations and/or sound recordings without limitation at the discretion of SSBG, and I specifically waive any right to any compensation I may have for any of the foregoing.

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity held by or hosted by SSBG. I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

_____	_____
Name of Participant	**Name of Parent or Legally Responsible Person**
_____	_____
Signature of Participant	**Signature of Parent or Legally Responsible Person**
_____ _____ / _____ _____ / _____ _____	_____ ____ / _____ _____ / _____ _____
Date	**Date**

 Participant Last Name: _____ First Name _____

DOB: ___ ___ /___ ___ / ___ ___ ___ ___

GENERAL HEALTH HISTORY

Age:_____ Gender: Male Female

Height: _____ Feet_____ Inches Weight (lbs.): _____

Address:_____

City: _____ State: _____ _____ ZIP code: _____ _____ _____ _____ _____

Primary Telephone: _____ _____ _____ - _____ _____ _____ - _____ _____ _____ _____

Health/Accident Insurance Company: _____

Policy No.: _____

!!!Attach a Copy of Your Individual Health Insurance Card to this set of forms!!!

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Primary Telephone: _____ _____ _____ - _____ _____ _____ - _____ _____ _____ _____

Alternate Telephone: _____ _____ _____ - _____ _____ _____ - _____ _____ _____ _____

Allergies Check All That Apply

- ✓ Type List
- ○ Food: _____
- ○ Medication: _____
- ○ Plants: _____
- ○ Bites/Stings: _____
- ○ Other: _____

 Participant Last Name: _____ First Name _____

DOB: ___ ___ /___ ___ / ___ ___ ___ ___

Health History Check All That Apply

✓	Type	List
○	Diabetes:	Last HbA1c percentage and date: _____
○	Hypertension:	_____
○	Heart Disease:	_____
○	Stroke:	_____
○	Asthma:	_____
○	Lung/Respiratory:	_____
○	COPD:	_____
○	Ears/Eyes:	_____
○	Nose/Sinus:	_____
○	Muscular:	_____
○	Skeletal:	_____
○	Head Injury:	_____
○	Altitude Sickness:	_____
○	Seizures:	_____
○	Psychiatric:	_____
○	Neurological:	_____
○	Blood Disorder:	_____
○	Kidney:	_____
○	Fainting/Fatigue:	_____
○	Abdominal/Digestive:	_____
○	Sleep Disorder:	_____
○	Surgeries:	_____
○	Other:	_____

 Participant Last Name: _____ First Name _____

DOB: ___ ___ /___ ___ / ___ ___ ___ ___

Medications (List All)

	Medication	Dose	Frequency	Reason
1.				
2.				
3.				
4.				
5.				

✓ **All That Apply, with regard to who is authorized to administer medication for a youth attending an SSBG program.**

- o **SSBG Staff**
- o **Individual Youth Attendee for whom this Health Form Presents (Self-Administration)**
- o **Authorized Professional Medical Personnel**
- o **Other Adult Attending: _____**

Parent/Guardian Signature: _____

Immunization History (Tetanus is required and must have been received within the last 10 years)

✓ Check If Received or Had Disease	Date(s) Month/Year
o Tetanus	___ ___ / ___ ___ ___ ___
o Pertussis	___ ___ / ___ ___ ___ ___
o Diphtheria	___ ___ / ___ ___ ___ ___
o Measles/Mumps/Rubella	___ ___ / ___ ___ ___ ___
o Polio	___ ___ / ___ ___ ___ ___
o Chicken Pox	___ ___ / ___ ___ ___ ___
o Hepatitis A	___ ___ / ___ ___ ___ ___
o Hepatitis B	___ ___ / ___ ___ ___ ___
o Meningitis	___ ___ / ___ ___ ___ ___
o Influenza	___ ___ / ___ ___ ___ ___
o Other (i.e., HIB	___ ___ / ___ ___ ___ ___

- o **This participant holds an Immunization Exemption and Validation of the Exemption is attached.**

Height & Weight Requirements

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295

Remember to attach any additional forms and required photo copies (i.e., Insurance Card or Immunization Exemption)