



STAFF/VOLUNTEER CONSENT FOR PARTICIPATION & EMERGENCY

Name: _____ Gender: _____ Date of birth: _____

Cell phone: _____ SEA member program (if applicable): _____

Allergies, medications, or medical conditions that SEA should be aware of: _____

Emergency Contact 1 Name: _____ Emergency Contact 2 Name: _____

Relationship: _____

Relationship: _____

Phone #: _____

Phone #: _____

WAIVER AND RELEASE OF LIABILITY AGREEMENT

IN CONSIDERATION of my involvement with a SEA event, I acknowledge, appreciate and agree that:

1. I risk bodily injury, including paralysis, dismemberment and disability, and while particular rules of the sport, equipment, and discipline may reduce this risk, this risk of injury does exist, as well as the risk of damage to and/or loss of property; and

2. I knowingly and freely assume all such risks, even if arising from the negligence of the releasees of others; and

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation or if I observe any concern in my readiness for participation, I will immediately bring such to the attention of the nearest official and refrain from participation; and

4. I, for myself, and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, hold harmless, and promise not to sue SEA or other sponsoring organization(s), their officers, volunteers, staff, sponsors and/or agents, ("Releasees") with respect to any and all injury and loss arising from my participation, whether caused by the negligence of the Releasees or otherwise, except that which is the result of gross negligence or wanton misconduct, to the fullest extent permitted by law; and

5. I authorize SEA to take photos and videos of me during these events, and to use my image in print or electronically for any lawful purpose such as newsletters and website content.

I have read this Waiver and Release of Liability Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature _____ Date _____



FOR PARTICIPANTS OF MINORITY AGE

This is to confirm that my child, name above, will participate in one or more SEA events in the 2017-2018 program year (September 1, 2017 – August 31, 2018) and will be under the supervision of SEA’s coaches, staff members and volunteers.

In the event of an emergency, I grant permission and do authorize SEA coaches, staff members and volunteers to make any necessary decisions regarding my child’s welfare and medical condition. Should there be any need, I can be contacted at the phone number(s) listed above.

This certifies that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns, and next of kin to release and indemnify the Releasees from any and all Liability incident to my/our minor child’s involvement as stated above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

➤ Parent or Legal Guardian Name _____

➤ Parent or Legal Guardian Signature _____ Date _____



HEALTH FORM (for staff over 18 years of age)

Staff Full Name _____ Date of Birth _____

Home Address _____

Staff are required to be immunized with the following. Please list specific dates for all immunizations or attach a form from a physician with this information.

Td/Tdap for grade 7 (age 12) thru college* (1): _____ Tetanus/diphtheria (td) Booster: _____
* A booster is required if it has been more than 10 years since the previous dose of Td.

MMR (2): _____ OR Laboratory evidence of immunity

Hepatitis B (3): _____ OR Laboratory evidence of immunity

Varicella vaccine (2): _____ OR – healthcare provider certified history of chickenpox disease.

Date of last complete physical exam: _____ (must be within 18 months of SEA event)

Height _____ Weight _____ Blood Pressure: _____ / _____ Hct. or Hgb.: _____ TB test _____

Any significant illness or injuries since last physical exam? _____

General estimate of health: _____

Please list medication or treatment orders to be carried out at camp:

Please list allergies, health conditions such as asthma, etc., which may affect student's activities:

Name and address of health care provider: _____

Health care provider phone: _____

Signature of examining physician/nurse practitioner: _____