



# Gundalow COMPANY

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

## 2017 CAMP REGISTRATION AND WAIVER

Camper's name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent (or legal guardian): \_\_\_\_\_

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

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

Name of Parent (or legal guardian): \_\_\_\_\_

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

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

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

Emergency contact home phone \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Known allergies or medical conditions (please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any physical limitations we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Physician name and phone \_\_\_\_\_

Please list additional people who are permitted to pick your child up from camp and their phone number

\_\_\_\_\_

\_\_\_\_\_

Camp Program	Dates	Cost	Payment (online or mail)

If you are signing up with a friend or sibling for a 10% discount, please list the other participants name:

\_\_\_\_\_

Does your child need before care (8:00-9:00) or after care (3:00-5:00)? \_\_\_\_\_

(Before care is \$40/week and after care is \$80/week. Please include a check or call our office to pay by CC)

Have you sailed with us before? \_\_\_\_\_

Please describe what you and your camper are most excited about for camp.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Release**

I hereby give permission for Gundalow Company staff and/or any adult member of the participating group to transport myself/my child to a doctor and/or 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 treatments, please attach an explanation.*

**Photo Release**

I hereby give permission for Gundalow Company staff and/or any person acting on their behalf to photograph myself/my child and I allow Gundalow Company to use these photographs as it sees fit. I release all publication rights to said photos. *If you wish NOT to authorize release of photos, please attach an 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, water-related activities and shore-based programs 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 held liable in any way for any occurrence in connection with any accident, injury or occurrence to myself or to 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 are 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:*

**Participant \*** \_\_\_\_\_ **Date** \_\_\_\_\_

\* Parent/Legal Guardian if participant is under 18 \_\_\_\_\_

*Join us all season long on the Gundalow for public sails, sunset sails, concert sails, history sails, kids-sail free sails, speaker sails and more. To see our schedule and purchase tickets, visit:*

**WWW.GUNDALOW.ORG**  
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