

## SSC Marine Science Fellowship Health Information

Must be completed by a parent or guardian of students and returned. All information will be held in confidence and will be released only to appropriate individuals.

**Please print clearly.**

### General Information:

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Parents Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Students Phone Number: \_\_\_\_\_ Students email: \_\_\_\_\_

### Emergency Information: ( Additional emergency contacts: (other than parent/guardian))

\_\_\_\_\_  
Name Phone No. Relationship

\_\_\_\_\_  
Name Phone No. Relationship

### Health Information:

Dietary restrictions: \_\_\_\_\_

Allergic reaction to medications: \_\_\_\_\_

Allergic reaction to bee stings (does the student carry a bee sting kit):  
\_\_\_\_\_

Other allergies: \_\_\_\_\_

Heart/respiratory problems: \_\_\_\_\_

Asthma: Y or N Inhaler: Y or N

Epileptic or other seizures: \_\_\_\_\_

Other Medical conditions: ( recent surgery, major illness, etc.) :  
\_\_\_\_\_

Is the Student Taking medications: Y or N

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

**Medication must be provided in original, labeled prescription bottle.**

Does the Student have any emotional and/or physical disabilities? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_

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**Parental Authorization:** In the event that I cannot be reached in an emergency, I hereby authorize the Seacoast Science Center staff or medical personnel to take emergency measures as needed.

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Signature of parent or guardian

Date

I hereby release all Seacoast Science Center employees from all claims of liability for any injuries my child may sustain while attending this class.

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Signature of parent or guardian

Date

**PARTICIPATION AGREEMENT,  
RELEASE AND ASSUMPTION OF RISK**

In consideration of the services of the Seacoast Science Center, its agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SSC") I hereby agree to release, indemnify and discharge SSC on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that kayaking entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. Thereby, I voluntarily release, forever discharge, and agree to indemnify and hold harmless SSC from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of SSC's equipment or facilities, including any such claims which allege negligent acts or omissions of SSC.
4. Should SSC or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against SSC, I agree to do so solely in the state of New Hampshire and I further agree that the substantive law of New Hampshire shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
7. I will respect the boundary limits as explained to me by the Center staff.

*Continued on back*

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SSC on the basis of any claim from which I have released them herein.

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of \_\_\_\_\_  
Participant \_\_\_\_\_ Date \_\_\_\_\_  
Print name \_\_\_\_\_  
Street \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

**PARENT’S OR GUARDIAN’S ADDITIONAL INDEMNIFICATION**

**(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_  
(print name(s))  
("Minor") being permitted by SSC to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SSC from any and all claims brought by, or on behalf of Minor(s), and which are in any way connected with such use or participation by Minor(s).

Signature of Parent or Guardian \_\_\_\_\_  
Date \_\_\_\_\_  
Print Name \_\_\_\_\_

**Multi-Media Release Form:**

The Center uses photographs, videos, writings, and artwork of visitors in Center publications, public service

announcements, on it's website, and in social media outlets.

I hereby grant to the Seacoast Science Center, or anyone authorized by the Center, permission to: (please check)

- take photographs
- make video recordings
- make audio recordings
- use quotes
- display or publish artwork
- display or publish writing

of me/my child(ren).

I also grant the Center royalty-free permission to publish all of the above, of individuals listed below, in Center printed publications, Center-related media publications, on the Center's website, and in Center-related social media.

The above mentioned will be used for informational and promotional purposes only. Under no circumstances will they be sold or distributed for sale.

I acknowledge that inclusion in the Center's publications, social media outlets and web site is voluntary and no financial compensation will be received.

I hereby agree to release and hold harmless, the Seacoast Science Center from and against any claims, damages or liability arising from or related to the use of the photographs, videos or artwork, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in the production of the finished product.

I release the Seacoast Science Center, its employees and Board of Directors from liability for any claims by me or any third party in connection with my participation.

Date: \_\_\_\_\_

Printed Name/s of Individual/s: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**Nut Allergy Policy:****Please Read:**

Dear SSC Families,

As our program enrollment continues to grow, so, too, does our awareness of the many health and safety issues pertaining to our camp and visitor participants. One area of concern is food allergies. Food allergies are more common than some may think; the symptoms of these allergies run the gamut from mild discomfort to life-threatening anaphylaxis. One of the more prevalent food allergens is to nuts.

The Seacoast Science Center is unable to guarantee a nut-free environment. As an institution open to the general public, situated within the grounds of a state park, much of our immediate environment is outside of our control. We are dedicated to minimizing risk factors, and have herein outlined the steps we take as an organization to help protect our camp and program participants.

We are presenting our concerns regarding allergens so that parents may acknowledge that participation in our camp programs is ultimately at parents' discretion in light of their children's medical requirements.

**Factors Within Our Control:**

- The Seacoast Science Center does not use any pure peanut product for its crafts and games.
- The Seacoast Science Center hires a licensed nurse to work with campers during the summer program, when facility use is heightened.
- The SSC staff is responsible for cleaning and sanitizing camp and program tables. Factors

**Outside of Our Control:**

- We cannot expect that every visitor or volunteer that enters the building is aware of/adhering to a non-nut product request.
  - Public use of the facility, particularly the public restrooms, the doors, faucets, and water fountain cannot be controlled.
- When campers and program participants venture off-site for field trips, it is impossible for the SSC to take responsibility for the host site's nut product policies.

**Recommended Courses of Action:**

- Parents and families are asked to read through this memo and discuss the health risks with their child.
  - The Camp Director requests a meeting with the parents of an allergic child prior to the child's program. A tour of the camp room and a discussion of the prescribed emergency plan will be discussed during this meeting.
- Parent participation is required during field trips if their camper has an airborne allergy.
- SSC welcomes parent volunteers during programs.

In the best interest of our camp community, the Center does not allow nut products in camper lunches or activities. Please contact Camp Director Henry Burke at 603-436-8043, ext. 16 if you have any questions regarding peanuts or other food allergies. Thank you for your attention on this issue