

Galveston Island Nature Tourism Council Inc. (GINTC)
Feather fest 2008

Assumption of Risk, Waiver of Liability, Indemnification Agreement and Medical Suitability Statement

It is recognized and acknowledged by the individual signing this instrument, that certain risks of harm are inherent in the various activities sponsored by GINTC Inc., over which GINTC, Inc. has no control. At any time or under any circumstances involving the legal relationship between participant and GINTC, the following acknowledgment of agreement is made.

For and in consideration of the services provided, I, the undersigned, for myself, my heirs, executors, administrators and assigns agree to assume all risks and responsibility for any and all claims for damages, including personal injury or death, medical expenses, disability, lost wages, loss of earning capacity and property damages which may be incurred by participant which may be incurred by participant while engaged in the 2008 Feather Fest events sponsored by GINTC Inc.

I hereby agree to waive any and all claims, demands, damages, actions, causes of action, or suits at law or in equity of whatsoever kind or nature for or because of any matter or thing done, committed or suffered to be done by GINTC Inc., their officers, directors, and/or employees or volunteers.

I further agree to indemnify GINTC and their officers, directors, and/or employees or volunteers against any claims made by others for personal injury or property damage allegedly caused by me.

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety.

I believe myself (or the participant if less than 18) to be in the proper physical and mental health to participate in the events chosen. I authorize GINTC Inc. personnel to take such action as seems appropriate to protect the health and physical well being of myself (or the participant if less than 18). I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital or medical care facility that may be required, and accept responsibility for the cost. An emergency phone number is

I have read the above and foregoing and have willingly signed the same with a full understanding of its purpose. I am above the age of 18 years and otherwise competent to execute this instrument.

In witness whereof I hereunto set my hand on this _____ day of _____, 200__

Signature of Participant (Over 18 years)

Signature of Parent/Legal Guardian (required if participant is under 18)



Artist Boat
A Partner in Education
4919 Austin Place
Galveston, TX 77551
(409) 770-0722

WAIVER & PHOTO RELEASE

It is recognized and acknowledged by the individual signing this instrument and Artist Boat, faculty and staff who sponsor various activities related to academic instruction, that certain risks of harm are inherent in the various activities over which sponsor has not control. At any time or under any circumstances or actions of the legal relationship between participant and the sponsor of the activity, the following acknowledgment of agreement is made.

For and in consideration of the agreements and understanding here made, know all men by these present that (*participant's name*) _____, for myself, my heirs, executors, administrations and assigns agree to assume all risks and responsibility for any and all claims for damages, including personal injury or death, medical expenses, disability, lost wages, loss of earning capacity and property damages which may be incurred by participant while engaged in this educational/outreach program, during the period of _____ (*date of program*) and sponsored by Artist Boat, I hereby agree to waive any and all claims, demands, damages, actions, causes of action, or suits at law or in equity of whatsoever kind or nature for or because of any matter or thing done, committed or suffered to be done by Artist Boat, their officers, directors, and/or employees, or staff of any of same.

I authorize Artist Boat personnel to take such action as seems appropriate to protect the health and physical well being of myself or the participant (if less than 18). I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital or medical care facility that may be required, and accept responsibility for the cost.

Pictures may be taken during the activity. If you do not wish that photos of you or the participant be used for organizational literature, please check here.

I do not wish that pictures of me be used for organizational literature.

I have read the above and foregoing and have willingly signed the same with a full understanding of its purpose. I am above the age of 18 years and otherwise competent to execute this instrument.

In witness whereof I hereunto set my hand on this _____ day of _____, 200____

Signature of Participant (Over 18 years)

Signature of Parent/Legal Guardian (required if participant is under 18)

How did you learn about Artist Boat? _____

**Artist Boat
HEALTH & EMERGENCY INFORMATION**

PLEASE PRINT

Do you have any health conditions, legal arrangements or religious convictions that may affect your participation in the program or should be known prior to emergency medical treatment? (i.e., allergies, reaction to medication, chronic conditions, handicaps, diabetes, asthma, allergies, medications needed, or any physical limitations, etc.)

Please complete this form:

Condition, conviction or legal arrangements. Please explain: _____

LAST NAME	FIRST NAME		
STREET ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	DATE OF BIRTH	M or F GENDER

E-MAIL ADDRESS

SPECIAL NEEDS INFORMATION- Do you have a physical handicap/special need (i.e., visual or hearing impaired, wheelchair, unable to climb stairs etc.) for which you will require special attention or accommodation?
Please explain & list your needs: _____

MEDICATIONS- Please list all medications you are currently taking: _____

EMERGENCY CONTACT INFORMATION- Whom should we notify in case of an accident or medical emergency? *Please list an individual other than your traveling companion.*

Name: _____ Relationship to you: _____

Day phone () _____ Cell phone () _____ Eve. Phone () _____

STREET ADDRESS	CITY	STATE	ZIP
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INSURANCE (HEALTH & ACCIDENT INFORMATION)

Name of Insurance Company: _____ Policy/Group #: _____

Address of Insurance Company: _____
STREET ADDRESS CITY STATE ZIP

Insurance Company Phone: _____