

**Chesapeake Bay Maritime Museum**  
**BAY COMBERS' CLUB**

**Liability Release, Emergency Contact and Medical & Health Information**

I, \_\_\_\_\_  
(please print name)

individually and/or on behalf of my minor children,\* recognize and assume, as do my children, the attendant risks and special hazards of the Bay Combers Program and so hereby agree for myself and my children, our heirs, executors and administrators, to hold harmless and to protect and indemnify the Chesapeake Bay Maritime Museum and all of its officers, employees, volunteer workers, and agents, acting officially or otherwise, from any and all claims, demands, acts or causes of action of every nature and character whatsoever concerning any injuries which the person(s) listed on this form may receive while using the facilities of the Museum.

\*Please list the children for whom you are responsible:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**PHOTO RELEASE**

CBMM frequently takes photographs of programs and their participants for use in Museum publications.

\_\_\_\_ I do not object to CBMM using my picture or my child's picture in Museum publications.

\_\_\_\_ I do object to CBMM using my picture or my child's picture in Museum publications.

*(Over, please)*

**Emergency Contact Information**

I give consent for the Chesapeake Bay Maritime Museum – its staff and volunteers – and the Bay Combers’ instructor to deal with any emergency of a medical nature, and understand that medical care will be at my expense as the consenting adult.

In the event of an emergency, CBMM will first try to contact you. If you are not available by phone who should we contact? (Please list your contact information first).

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

Daytime phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Relation to participant: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**Emergency Medical & Health Information:** Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child’s Bay Combers’ Club experience is positive:

Is your child currently taking medication, either prescription or over the counter, that will have to be administer during the Bay Combers’ Club? \_\_\_\_ Yes \_\_\_\_ No

If yes, please contact the Youth Programs Coordinator at 410.745.2916 x 103

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Signature \_\_\_\_\_ Date \_\_\_\_\_

