



Chincoteague Bay Field Station

Program Health and Waiver Form

This form needs to be completed for each program participant and returned to CBFS.

The Chincoteague Bay Field Station
34001 Mill Dam Road, Wallops Island, VA 23337
757-824-5636 / 757-824-5638 (fax)

PROGRAM NAME: _____ PROGRAM DATE: _____

CONTACT INFORMATION

PARTICIPANT'S NAME _____ NAME FOR NAME TAG: _____

DATE OF BIRTH _____ GENDER _____ RACE _____ (Optional, for reporting purposes only)

EMAIL ADDRESS: _____ PRIMARY ADDRESS _____

_____ City _____ ST _____ ZIP _____

PRIMARY PHONE () _____ SECONDARY PHONE: () _____

EMERGENCY CONTACTS:

NAME _____ PHONE () _____ Relationship to Participant: _____

NAME _____ PHONE () _____ Relationship to Participant: _____

Chincoteague Bay Field Station does not discriminate against applicants by race, creed, sex, or national origin.

Do you have any medical conditions such as allergies, injuries, diabetes, emphysema, heart condition, seizures, recent surgery, or others that would be important to know about in case of an emergency? YES NO IF YES, PLEASE SPECIFY: _____

Do you have any impairments or restrictions such as impaired mobility, hearing, vision, etc., that may prevent you from participating fully in the entire program as described or may require special rooming and/or arrangements, equipment, or assistance for you to participate in the program? YES NO IF YES, PLEASE SPECIFY: _____

Name and Phone# of Family Physician _____ Do you carry health insurance? Yes No

Policy Name and Group Number: Carrier _____ Group or Policy Number: _____

Do you have any restrictive food allergies or intolerances? IF SO PLEASE SPECIFY: _____

Note: We will do our best to accommodate food allergies or intolerances but cannot guarantee we can. Participants, not CBFS, are solely responsible for making sure they do not consume foods they are allergic to.

Are you a vegetarian?

I, the undersigned, agree to indemnify and hold harmless Chincoteague Bay Field Station (CBFS) from all claims, damages, losses, injuries and expenses arising out of, or resulting from, my presence or participation in activities or programs of CBFS. I further agree not to sue or assert any claim for damages from CBFS, regardless of whether such claim is for personal injuries or property damage. I expressly agree and promise to accept and assume all of the risks existing in the activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CBFS 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 CBFS's equipment or facilities, including any such Claims which allege negligent acts or omissions of CBFS. Should CBFS 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 all such fees and costs. 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 have no medical or physical conditions that could interfere with my safety with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition. In the event that I file a lawsuit against CBFS, I agree to do so solely in the state of Virginia, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I authorize CBFS personnel to call for medical care to transport me to a medical facility or hospital if, in the opinion of such personnel, that I need medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of myself, in their professional opinion. I agree that once I am in the care of medical personnel or a medical facility, CBFS shall have no further responsibility for me and I agree to pay all costs associated with such medical care and transportation. 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 CBFS 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. I hereby give CBFS permission to use photographs, films and videotapes taken of me at CBFS programs, for use in all of CBFS's promotional materials, media releases, and any materials promoting CBFS programs.

Signature
(Parent's signature if participant is under the age of 18)

Printed Name
(Parent's name if participant is under the age of 18)

Date