

**LOS ANGELES MARITIME INSTITUTE  
PARENT/GUARDIAN RELEASE OF LIABILITY AND  
AUTHORIZATION FOR MEDICAL CARE FOR MINORS**

Revised: 7/21/2020

**THIS DOCUMENT MUST BE COMPLETED BY THE MINOR'S PARENT OR LEGAL GUARDIAN**

I hereby give my permission for (print **minor's** name) \_\_\_\_\_  
To participate in the LOS ANGELES MARITIME INSTITUTE'S TOPSAIL YOUTH PROGRAM aboard the sailing ship(s) *SWIFT OF IPSWICH, AMERICAN PRIDE, IRVING JOHNSON, and/or EXY JOHNSON.*

I AM AWARE THAT PARTICIPATION IN THE LOS ANGELES MARITIME INSTITUTE'S TOPSAIL & YOUTH PROGRAMS ABOARD THE *SWIFT OF IPSWICH, AMERICAN PRIDE, IRVING JOHNSON, and/or EXY JOHNSON* WILL INVOLVE THE SAILING OF THE VESSEL IN HARBORS AND ON THE PACIFIC OCEAN. FURTHER, I AM AWARE THAT THE SAILING OF THIS VESSEL MAY INVOLVE ACTIVITY WHICH COULD BE HAZARDOUS TO INCLUDE, BUT BE LIMITED TO, CLIMBING AND THEN FALLING FROM TALL AND ELEVATED RIGGING, FALLING OR SLIPPING WHILE WALKING OR HURRYING ON WET DECKS. CLIMBING AND USING STEEP NARROW STAIRS AND FALLING, PARTICIPATING IN SAIL RAISING AND LOWERING AND COMING IN CONTACT WITH RIGGING AND ROPES. RAISING OR SETTING THE ANCHOR AND BEING IN PROXIMITY TO CHAINS OR OTHER METAL EQUIPMENT AND THE LIKE, WHICH COULD RESULT IN INJURY, SERIOUS INJURY OR EVEN DEATH. I ALSO ACKNOWLEDGE THAT THE RISK OF EXPOSURE OT INFECTIOUS DISEASES, INCLUDING COVID-19, IS INHERENT IN ANY GROUP ACTIVITY. I AM VOLUNTARILY ALLOWING MY MINOR CHILD OR LEGAL WARD (HEREINAFTER "CHILD"), AS THE CASE MAY BE, TO PARTICIPATE IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED. I AGREE TO ACCEPT ANY AND ALL RISK OF INJURY OR DEATH AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE:

\_\_\_\_\_. **(Please initial)**

I, the above named minor's parent or guardian, understand that my child must fully cooperate with all paid captain/crew and all volunteer crew members in a respectful manner. It is understood that any child not fulfilling these behavior standards will be sent home at the parents' expense. I have explained these behavior expectations to my child.

I, the above named minor's parent or guardian, knowingly withhold all claims, demands, actions and causes of action against the LOS ANGELES MARITIME INSTITUTE, any of its affiliated organizations or individuals for injury to the minor occurring on any of the following vessels: *SWIFT OF IPSWICH, AMERICAN PRIDE, IRVING JOHNSON and/or EXY JOHNSON, and fully and completely release the LOS ANGELES MARITIME INSTITUTE, its affiliated organizations, its employees and volunteers from all claims, demands, actions, causes of action that I, the minor, his/her assignees, heirs, distributees, guardians, parents and legal representatives now have or may hereafter have for accident, illness or death resulting from his/her participation in this program. Additionally, I authorize the use of photos and/or video footage taken of the above named minor by the LOS ANGELES MARITIME INSTITUTE for promotional purposes.*

***AUTHORIZATION FOR MEDICAL CARE***

Should it be necessary for my child to have medical care while participating in this program, I hereby give LOS ANGELES MARITIME INSTITUTE employees or crew permission to use their judgment in obtaining medical care for the minor, and I give permission to the physician selected by the LOS ANGELES MARITIME INSTITUTE employees or crew to render medical care deemed necessary and appropriate by the physician. I understand that the LOS ANGELES MARITIME INSTITUTE has no insurance covering such medical or hospital costs incurred by the minor and, therefore, any cost incurred by such treatment shall be my sole responsibility.

***EMERGENCY CONTACT INFO (Please print clearly)***

<b>Minors Name:</b>	<b>Date of Birth:</b>
Parent's or guardian's name:	Relationship to minor:
<b>Authorization signature of parent(s) or guardian(s):</b>	
Minor's home address:	City/Zip:
Minor's home phone #:	Bus. phone parent(s)/guardian(s):
Emergency/cell phone #:	E-mail:
Medical problems (allergies, special medical conditions, medications)	
Date:	

***Additional emergency contacts:***

Name:	Relationship:
Phone(s):	
Name:	Relationship:
Phone(s):	