

The Schooner Zodiac

Passenger Health and Emergency Information and Release of Liability

Cruise name or dates: _____ (Please give to crew after boarding.)

Name (first): _____ (last): _____ Date of birth: ____/____/____

Home address: _____ State/Province: _____ Zip: _____

Email: _____ Cell Phone: _____

Shore-based emergency contact name: _____ Relationship to you: _____

Emergency contact phone: _____ Alternate phone: _____

Please list all food allergies and dietary restrictions: _____

CONFIDENTIALITY: We take your health information and privacy seriously. This form will be kept in a secure location, removed only in case of a medical emergency, and securely destroyed when no longer needed.

Do you have any health conditions which may affect your participation onboard the Zodiac? YES / NO (If yes; please explain): _____

Are you bringing LIFE-SAVING medications (please circle): Rescue Inhaler Epi Pen Glucagon Pen
Insulin Other: _____ Please let the mate know where to find these.

Please list all other current medications (note: Marijuana is illegal on federally-inspected vessels such as Zodiac. Do not bring marijuana aboard for any reason.): _____

Do you have any allergies, religious convictions or existing legal arrangements that we should know about prior to emergency treatment? YES / NO (If yes; please explain): _____

Do you have a POLST/DNR? YES / NO

IF YES, please provide a copy.

Physician name: _____ Phone number: _____

Health insurance plan: _____ Policy number: _____

Name of insured: _____ Group number: _____

HOMELAND SECURITY REQUIREMENTS: All passengers intending to board the Schooner Zodiac must board in one group; accompanied by a certified, badged crewmember. Long term parking and other errands must be completed prior to boarding the Schooner Zodiac, as passengers are not permitted to disembark once boarded. Luggage must remain at all times in the control of the owner and placed onboard the vessel only at the time when passenger boards vessel. *The Schooner Zodiac operates within hours of an international boarder, thus requiring strict security compliance.*

RELEASE OF LIABILITY:

I, _____ am registered to participate in the sailing program aboard the sailing vessel Schooner Zodiac, hosted by The Vessel Zodiac Corp. I am physically fit to participate in this program and have no physical pre-conditions that will make my participation in this sailing program dangerous to my health. I understand and agree that I alone am responsible for monitoring my ability and limitations. I hereby assume all risks in connection with this activity and I and my heirs hereby release and hold harmless The Vessel Zodiac Corp., affiliates and its agents from any and all liabilities to me with respect to injury, illness or loss. I indicate my acceptance of these terms with my signature.

Signature: _____ Dated: _____