

# MEDICAL FORM

Group Name: \_\_\_\_\_

Date of Visit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Visitor with Condition: \_\_\_\_\_

Basic Description of Condition:  
\_\_\_\_\_  
\_\_\_\_\_

In which part, if any, of Camp Battleship do you not wish to/will not be able to participate?  
(Reminder: Battleship IOWA unfortunately does not have wheelchair access to all spaces on the ship).  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies the individual may have (Important for menu preparation):  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications being used by the individual:  
\_\_\_\_\_  
\_\_\_\_\_

If there is any other information which may be helpful to the health or safety of the individual or to the individual's enjoyment of the program, please make note of it below.  
\_\_\_\_\_  
\_\_\_\_\_

Name and Phone Number of Physician: \_\_\_\_\_





# RELEASE AND HOLD HARMLESS AGREEMENT

In consideration of being allowed by the Pacific Battleship Center to conduct an overnight stay on board the BATTLESHIP IOWA on the date(s): \_\_\_\_\_ at the Battleship's location, Berth 87, San Pedro, CA 90731 (the visit), I, the undersigned, for myself, my heirs, executors, administrators and assigns, and on behalf of any and all members of the group:

[Participants Name] \_\_\_\_\_ in my care, custody and control, hereby FOREVER RELEASE AND DISCHARGE THE "RELEASED PARTIES" FROM ANY "CLAIMS" WHICH MAY ARISE AS A RESULT OF ANY DAMAGE, INJURY, DEATH, OR HARM TO THE RELEASOR, OR ANY OF THE RELEASOR'S PROPERTY, WHICH DOESOR MIGHT OCCUR:

- (1) During the Visit;
- (2) At any time I am on board the BATTLESHIP IOWA during the Visit;
- (3) At any time I am embarking or disembarking the BATTLESHIP IOWA on the date(s) of the visit;
- (4) At any time I am on any property owned, operated, or leased by the Pacific Battleship Center on the date(s) of the Visit, for the purpose of attending the Visit.

The "Released Parties" are the Pacific Battleship Center and the Port of Los Angeles to include their trustees, officers, employees, agents and assigns, and insurers.

"Claims" is defined as any and all claims and liabilities, potential and otherwise, whether known or unknown, foreseeable or unforeseeable, suspected or unsuspected.

I agree never to commence, prosecute, or cause, permit or advise to be commenced, or assist in any way in the commencement or prosecution of any action, suit, or proceeding against any of the "Released Parties" involving any of the "Claims" released by this agreement.

I, on my behalf and on behalf of my estate, further agree to indemnify and hold harmless all of the "Released Parties" for all losses and expenses in the event (1) of any breach of this agreement by me, and/or (2) that any of the "Claims" released by this agreement is asserted by any of them in the future.

Without limiting and generality of the previous paragraphs, I agree that THIS AGREEMENT EXTENDS TO ANY AND ALL "CLAIMS" RELATING TO THE VISIT WHICH ARISE.

- (1) FROM ANY CLAIMED OR ACTUAL NEGLIGENCE, CARELESSNESS, DEFAULT, ACT OR OMISSION OF THE "RELEASED PARTIES", EITHER INDIVIDUALLY OR COLLECTIVELY, OR
- (2) FROM ANY UNSEAWORTHINESS OR DEFECT OF THE BATTLESHIP IOWA, OR
- (3) FROM ANY OTHER CAUSE RELATED IN ANY WAY TO THE BATTLESHIP IOWA.
- (4) FROM ANY RESCUE OPERATION OR MEDICAL OR OTHER SERVICES RENDERED TO ME BY, OR AT THE INSTANCE OF, THE "RELEASED PARTIES"

I UNDERSTAND THAT THE PURPOSE OF THIS AGREEMENT IS TO RELIEVE ALL OF THE "RELEASED PARTIES" FROM ALL LIABILITY AS IT RELATES TO THE VISIT, REGARDLESS OF THE NATURE AND REGARDLESS OF THE CAUSE. I understand and expressly assume the risk of any and all damage, injury, death or harm, which may occur to me or to any of my property.

I agree to accept and abide by the rules and regulations of the Visit as established by the Pacific Battleship Center and to obey the direction of the Association's representatives.

I warrant that I have read this agreement and understand it. I further understand that its terms are contractual in nature and that in consideration of executing this agreement, I agree that the terms of this agreement shall bind my spouse, children, relatives, heirs, beneficiaries, descendants, executors, and administrators.

THIS DOCUMENT CONTAINS A RELEASE OF CLAIMS. PLEASE READ IT CAREFULLY BEFORE SIGNING. I HAVE READ AND UNDERSTAND EVERYTHING WRITTEN ABOVE AND I VOLUNTARILY SIGN THIS RELEASE AND HOLD HARMLESS AGREEMENT.

Participant's Name \_\_\_\_\_

Signature \_\_\_\_\_

PARENT OR LEGAL GUARDIAN IF UNDERSIGNED IS A MINOR:

Parent/Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_





## CHAPERONE AGREEMENT

Thank you for volunteering to chaperone for Camp Battleship. You are considered a valuable part of the Camp Battleship experience, as we could not possibly provide adequate supervision of all participants without you. Please read the job description, initial each number, and sign your name below to indicate that you agree to the responsibilities expected of you. Please call if you have any questions regarding these requirements at 1-844 4 BB CAMP ( 1-844-422-2267).

1. All Chaperones will arrive **ON TIME** with their group and remain for the duration of the Camp Battleship. Chaperones will follow the schedule and assist with all activities.
2. Chaperones will directly supervise their group of participants at all times. **UNSUPERVISED PARTICIPANTS WILL NOT BE TOLERATED.** Chaperones will escort unsupervised participants back to their assigned groups.
3. Chaperones who smoke **MAY NOT DO SO IN FRONT OF PARTICIPANTS.** Please refrain from smoking until your assistance is not needed, (After Lights Out) and only do so on the pier, this is a smoke-free memorial.
4. Restricted areas are well marked for your safety. **DO NOT** enter these areas. **NO ONE** is permitted to climb on restricted ladders, gun mounts or lifelines.
5. Chaperones will keep a positive attitude and be flexible if unforeseen problems arise during the Camp Battleship. If you have a grievance, please talk directly to the Camp Battleship Supervisor. Chaperones using inappropriate language/behavior will be asked to leave.
6. Discipline is the responsibility of the group point of contact and adult chaperones. Chaperones experiencing disciplinary problems with participants will take appropriate action to control the conduct of those under their supervision. If necessary, notify Camp Battleship staff if assistance is required.
7. Chaperones/adults in attendance may not bring other unregistered children without the permission of the Camp Battleship Supervisor, or the group POC.
8. Chaperones must be aware that they may be called upon to provide direct assistance as requested by the Camp Battleship Staff.

I have read and will comply with the above statements.

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Printed Name

Chaperone Signature

Date



PAGE  
17



# IMAGE/PHOTO RELEASE FORM

We/I, \_\_\_\_\_, hereby grant the Battleship IOWA permission to use the images of \_\_\_\_\_ for any and all marketing, publication and publicity purposes, including brochures, news media, exhibition, website, without payment or any other consideration. We/I hereby irrevocably authorize Pacific Battleship Center to edit, alter, copy, exhibit, display, publish, distribute, or create derivative works of images for the aforementioned purposes and materials stated above and waive the right to inspect or approve the finished product. Additionally, we/I waive any right to royalties or other compensation related to the use of the images. We/I have read this release before signing below and fully understand the contents, meanings, and impact of this release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Phone Number

If the person is under eighteen years of age, the parent or Legal guardian of the person should sign below.

I am the parent or legal guardian of and do hereby consent and grant my permission to all of the foregoing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pacific Battleship Center Witness/Representative

\_\_\_\_\_  
Date

