



Annapolis Maritime Museum & Park • 7300 Edgewood Rd. Annapolis, MD 21403 • Outreach@amaritime.org

BUILD A BOAT 2019 Registration

Dates: Saturdays, Jan 12–Feb 23 | **Time:** 10 a.m.-12:30 p.m.

Place: AMMP (Park Campus)

Forms can be sent back via: Photo, email, scan, or mail to **301-353-0199** or **outreach@amaritime.org**

This form must be signed by a Legal Guardian.

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Child Full Name: _____ Age: _____ Birthdate: _____

Address: _____

Parent/Guardian Full Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My child(s)' photo may be used by Box of Rain for promotional or informational purposes.

My child will need transportation for the program

Parent/Guardian Permission & Release of Liability and Assumption of Risk

I hereby grant my permission for the above listed child to participate in ALL Box of Rain's 2019 programs, including the ones not listed here, provided by the Annapolis Maritime Museum & Park (AMMP). I understand that the AMMP boat building education program may include working with a variety of tools that must be handled safely and properly. I hereby release the AMMP and Box of Rain officers, employees, volunteers, and agents- as well as the owners of the premises on which the program operates and their employees- from any responsibility for any and all bodily injury, liability, damages, claims, and/or causes of action arising from my child's participation in this program. I further agree to indemnify and hold forever harmless causes of action made or brought by the said child or by anyone on behalf of said child as a result of or in any way connected with the child's participation in any and all AMMP and Box of Rain programs. In the event of an emergency, AMMP staff will notify the emergency contact. In an emergency, I also give permission to authorized personnel to carry out first aid and contact the local hospital. I understand that any medical expenses will be billed directly to me or my insurance company.

Parent/Legal Guardian Signature: _____

Printed Name: _____ Date: _____



 **Box of Rain**