

Cold Water Safety and Survival Program Assumption of Risk & Waiver & Release

I, _____ (printed name of Participant) recognize the activity in which I desire to participate involves a risk of injury and death. I am aware and accept the risks involved, which may include but are not limited to: joint, bone or soft tissue injuries from falls related to walking over uneven, heavily vegetated, slippery terrain or vessels; cardiac arrest, ventricular fibrillation, venomous or non-venomous insect or animal bites and stings and anaphylactic shock; bear encounter injuries, striking objects when entering vessels or water, inadvertent gasping, and inhalation of water, sudden drowning syndrome or drowning from other causes; hypothermia, muscular/skeletal and eye injuries, lacerations and other injuries which may occur due to the use of safety and survival equipment such as visual distress flares, life rafts, personal flotation devices, dewatering pumps, fire extinguishers etc. as well as walking and working around docks, harbors, shipyards, haul out facilities, and vessel fabricators. **In addition, I am aware of and accept the risk of acquiring an infectious disease as a result of participating in group activities, including, but not limited to infection with the SARS-CoV-2 virus, that causes COVID-19.**

I hereby execute this release as a condition of and in partial consideration for being allowed to participate in all or a portion of the cold-water training program conducted by the Alaska Marine Safety Education Association (aka AMSEA). I am familiar with the activities and events that will be included in this training and I have read a copy of the schedule of activities in which I am to participate. I have read and voluntarily signed this release, waiver of liability and indemnity agreement, intending legally to be bound, and I further agree that no oral representations, statements or inducements apart from those contained in this release have been made to me.

I hereby release, discharge and covenant not to sue Alaska Marine Safety Education Association (AMSEA), its agents, employees, representatives, officers, directors, members and all other persons acting for AMSEA and all instructors, participants and advertisers (hereinafter called "Releasees") from all liability to me, my personal representatives, heirs, assigns, and next of kin, for any and all loss or damage, and any claim or demands thereof on account of injury to my person or property or my death, whether caused by the negligence of the Releasees or otherwise, as the result of my having participated in any portion of the program.

I hereby agree to indemnify and save and hold harmless the Releasees from any loss, liability, damage or cost I might incur due to my participation in the survival program in any manner and assume responsibility for, and the risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise, resulting from my participation in the program. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect. I acknowledge that my health and physical condition will allow me to perform the activities in this training.

I agree that **if the Participant is a Minor**, this Assumption of Risk & Waiver & Release agreement is made on behalf of that minor participant named above and that all of the releases, waivers and promises herein are binding on that minor participant. I represent that I have full authority as Parent or Legal Guardian to enter into this agreement on behalf of the Minor, that I have read this agreement carefully and that by executing this Release, I bind myself, the minor participant, and any other parent or guardian of the minor participant, and all of their heirs, executors, personal representatives, assigns and estates to this Release.

If the Participant is a Minor, print Name of Parent or Legal Guardian of Minor _____

IN WITNESS THEREOF, I have executed this release on _____ (date)

X _____ (Releasor signature)

In case of an emergency, who should AMSEA contact on your behalf?

Contact's name: _____ Relationship to you: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Current physical location of contact: _____

Indicate any medications that you take on a regular basis: _____

Do you suffer from PTSD? Yes ☐ No ☐ Allergies or any other medical condition/s (please list below): _____

Release for use of photographs:

AMSEA often takes photographs during training for use in educational and publicity materials. By signing below, you agree with the following:

I consent to being photographed by the Alaska Marine Safety Education Association (AMSEA) and grant ASMEA the right to use, publish, distribute and exhibit my name, picture and likeness in all media in perpetuity for the purposes of education in the subject of marine safety and survival and promotion of same. I agree that all photographs are owned by AMSEA and that they may copyright material containing the same.

Signature: **X** _____

Class: _____

Date: _____

Location: _____

Instructor: _____

Student: _____

Student Questionnaire

Within the past 72 hours, have you experienced any of the following symptoms of COVID-19?

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty breathing, shortness of breath, loss of smell or taste, unusual fatigue or symptoms of acute respiratory illness. |
| <input type="checkbox"/> | <input type="checkbox"/> | Fever of 99.6° F (37.6° C) or greater using an oral thermometer, 99.1° F (37.3° C) or greater using a temporal (forehead) thermometer, or 100.1° F (37.9° C) or greater using a tympanic (ear) thermometer. |
| <input type="checkbox"/> | <input type="checkbox"/> | Signs of a fever such as chills, aches & pains, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Nausea, vomiting, or diarrhea. |

Within the past 14 days, have you:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Traveled in an area with widespread COVID-19 transmission without practicing social distancing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had contact within the past 14 days with a lab confirmed or suspected COVID-19 case patient? <i>Contact is defined as being within 6 feet of a COVID-19 case for 10 minutes or longer or having direct contact with infectious secretions of a COVID-19 case.</i> |

Instructor Observations of Student

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Temperature 99.1° F (temporal thermometer) or greater. |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent coughing. |
| <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath or difficulty breathing. |
| <input type="checkbox"/> | <input type="checkbox"/> | Student Admitted to class. |

Instructions: This form is to be completed by an AMSEA authorized instructor only. Fill in all the blanks at the top identifying the class, location, date, student's name, and the instructor. Be sure that the student's name matches the name on the student's ID. Complete the Student Questionnaire by asking the student each question and recording their response with the appropriate check box. Make an observation of the student's appearance and check their temperature using a temporal thermometer. Complete the Instructor Observations of Student by checking the appropriate check box for each observation.

Reviewed By: _____

Date: _____