



EXPLORER PERMISSION FORM-May 4, 2018

Each individual going on the vessel Explorer must complete this form in its entirety and return it to Rivers of Steel staff on the date of the program. PLEASE PRINT.

Date of Trip: _____ Person(s) authorized to pick up your child: _____

Participant Name: _____
Last name *First Name*

Birth Date: _____ Age: _____ Sex: _____

Parent/Guardian: _____ Emergency Phone # _____
Alternate Phone # _____

Home Address: _____
Street *City* *State* *Zip*

Give us your email address and we will enter your name in a drawing for free tickets on a public tour and send you monthly news about our programs!

YES, please subscribe me to the Rivers of Steel e-newsletter: _____
Parent or Guardian Email Address

PARENTAL PERMISSION

I give permission for _____ to participate in all field experiences onboard Explorer. I also give permission to authorize Rivers of Steel personnel to contact 9-1-1 for my child in the event of an emergency. I understand that any medical expenses would be billed directly to me or my insurance company.

SIGNATURE: _____
Parent/Guardian Signature –or- Adult Participant Signature

PHOTO & VIDEO RELEASE

I hereby grant, to Rivers of Steel Heritage Corporation, its assigns, and its legal representatives, and assign the irrevocable and unrestricted right to use and publish photographs and/or video images of me (my child) or photographs and/or video images in which I (they) may be included, for editorial purpose and in any manner and medium; to alter the same without restrictions; and to copyright the same. I hereby release Rivers of Steel Heritage Corporation and its assigns, photographer/videographer and his/her heirs, legal representative and successors from all claims and liability relating to said photographs/video images.

SIGNATURE: _____
Parent/Guardian Signature –or- Adult Participant Signature