

Hospital/Group Participant Waiver Form

Waiver & Liability Release: ALL cruisers must complete prior to boarding ship, group coordinators turn in at group check-in table the day of the cruise or send to Breathe NH in advance. **Event date: September 8, 2022**



Hospital/Group Name: _____

Staff Contact Name: _____

Telephone: _____ Email: _____

My signature, acknowledging my acceptance of the conditions outlined in this waiver, appears below.

Please fill out the fields below completely to assist our staff with proper record-keeping.

I hereby waive all claims against Breathe New Hampshire, sponsors or any personnel for any injury I might suffer in this event. I attest that I am prepared for this event

COVID-19 DUTY TO SELF-MONITOR: Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 and, contact Breathe NH if he/she experiences symptoms of COVID-19 within 14 days after participating or volunteering with Breathe NH. Likewise, participants will not attend Breathe NH events if they experience signs and symptoms of COVID-19.

OXYGEN: * If I am a participant who uses oxygen, I confirm that I am responsible for contacting my medical equipment/oxygen supply companies prior to the event to ensure I am prepared for this trip and have enough oxygen for the entire day.

I grant full permission for organizers to use photographed/videotaped images of me and quotes from me in legitimate accounts and promotions of this and other events and for the purpose of education.

Print name: _____ Signature: _____

Please check one – I am a: Primary Participant Guest of a Participant Group Staff Member

Street: _____ City/State/Zip: _____

Phone: _____ Email: _____

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Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please check one – I am a:  Primary Participant  Guest of a Participant  Group Staff Member

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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