

Dear Participant,

Please be aware that dangers exist when traveling over water and being isolated on a barrier island. It is therefore necessary that all participants involved in the North Carolina Maritime Museum Cape Lookout Studies Program and use of the Museum Field Station sign the following form.

**Thank you,
North Carolina Maritime Museum
315 Front St.
Beaufort, N.C. 28516**

**CAPE LOOKOUT STUDIES PROGRAM
MUSEUM FIELD STATION
CAPE LOOKOUT, NORTH CAROLINA**

RELEASE AND ASSUMPTION OF RISK

I am aware that during the time I, and/or my child, am/are/is participating in a program sponsored by the North Carolina Maritime Museum, and/or Cape Lookout National Seashore, certain discomforts and dangers may be present. These include but are not limited to the hazards of traveling by boat, swimming, surfing, walking in shallow, muddy waters over shelly substrate, walking over sand dune terrain, hiking exposed in hot or other inclement weather, being exposed to a variety of biting insects including mosquitoes, "no-see-ums," and biting flies, and accidents or illness occurring in remote places without medical facilities. In consideration of the right to participate in the aforementioned programs, I have and do hereby assume the risks and all legal responsibility for injury to myself, and/or my child, or loss of my property resulting from participation in these programs, and do hereby release the North Carolina Maritime Museum and the National Park Service from any and all liability, actions, causes of action, debts, and claims and demands, including claims based on the negligence of any persons associated with any of the above organizations, which I now have or which may arise in connection with my participation in these programs. These terms hereof shall serve as a release and assumption of risk for my heirs, executors, administrators, and for all members of my family. I affirm that my/my child's general health is good and that I/my child am/is not under a doctor's care for any condition that will endanger my health or the health of other participants. In case of injury and/or illness, I will bear the cost of any evacuation procedures such as boat, helicopter, rescue team, and professional medical care.

NAME (print)	SIGNATURE	DATE
1)		
2)		
3)		
4)		
5)		