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| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_being over the age of 18 years and a member/adult leader of the Sea Scouts, Boy Scouts of America, in consideration of being permitted to go aboard a USCG Auxiliary Operational/Shore Facility as a guest/trainee for purposes of training, being fully aware of and acknowledging that being aboard such a vessel and/or participating in such training is a potentially hazardous activity, I hereby voluntarily, and with knowledge of the potential dangers/hazards involved, release the following from any and all claims, demands, actions, or causes of action due to death, injury or illness resulting from negligence or other acts, however caused: (1) the government of the United States of America and all its departments and agencies; (2) any jurisdiction (state, county, city, town, district or other political subdivision) where official Sea Scout activities take place; (3) the Boy Scouts of America; (4) any organization or association, public or private, that sponsors Sea Scout/Boy Scout activities; (5) the owner, licensee, operator, crew and/or coxswain of the USCG Auxiliary Operational Shore/Facility; (6) the U. S. Coast Guard; (7) the U. S. Coast Guard Auxiliary; (8) all officers, units, members, representatives, and agents, acting officially or otherwise of the previously mentioned, jurisdictions, organizations, and associations; to specifically include all members of the U.S. Coast Guard Auxiliary participating in said training.  I consent to and authorize such treatment of me by the medical facilities of the Department of Defense (DOD), U.S. Coast Guard (USCG), National Oceanographic and Atmospheric Administration (NOAA), U.S. Public Health Service (USPHS), or civilian physicians/medical facilities as may be required in said facilities in the event of any illness or accident arising aboard USCG or USCG Auxiliary facilities or vessels. This consent includes any medical, anesthesia, or surgical treatment or hospital services rendered under the general and/or special instructions of the attending physician or other physicians assigned my care. This consent does not include major surgery unless, in the medical opinion of two physicians, it is reasonably necessary to save life, or where second opinions are similarly impracticable the concurring opinions of other physicians may be excused.  I consent to the taking of any records of me through photographic, video, cinematic, and digital media, and to the reproduction and/or publication of same by any photographic facility of the USCG, USCG AUXILIARY, sponsoring organizations, media/press, and the subordinate agencies/units/organizations of said organizations. I consent to the use of said records in connection with education programs or public affairs activities of the said organizations. I further assign to the said organizations all right and title to and interest in above described records for any further use of them that may be in the area of motion pictures, video tapes, publicity photos, publication via digital media such as the Internet, etc.  This standard release shall remain in effect for the duration of my membership in the Sea Scouts/Boy Scouts of America. I also give my permission for facsimiles of this release to be made, and when presented by an authorized official of the Boy Scouts of America, USCG or USCG Auxiliary, shall be considered as valid as the original signed by me. | | | |
| **9a.** Adult’s Full Name | | **9b.** Social Security Number | |
| **9c.** Adult’s Street Address(Print of Type) | **9d.** Adult’s Signature | | **9e.** BirthDate (DD MMM YY) |
| **9f.** Name of Witness (Adult leader or other Designated Officer - Print or Type) | **9g.** Signature of Witness (Adult Leader or Designated Officer) | | **9h.** Date (DD MMM YY) |

**SEVENTH COAST GUARD DISTRICT AUXILIARY ADULT SEA SCOUT OR LEADER LIABILITY RELEASE**