

**THE SCHOONER ZODIAC**  
**Passenger Health and Emergency Information Form**  
**Release of Liability**

Cruise name or dates: \_\_\_\_\_ (Please mail, fax or email form at least two weeks prior to departure date.)

Name (first): \_\_\_\_\_ (last): \_\_\_\_\_ (M.I.) \_\_\_\_\_ date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home address: \_\_\_\_\_ State/ Province: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Shore-based emergency contact: (name): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_ alternate phone: \_\_\_\_\_

Please list all current medications (including herbal supplements & medications): \_\_\_\_\_

Do you have any health conditions, allergies, religious convictions or existing legal arrangements which may affect your participation onboard the Zodiac? YES / NO (If yes; please explain): \_\_\_\_\_

Are there any health conditions, allergies, religious convictions or existing legal arrangements that we should know about prior to emergency treatment? YES/ NO (If yes; please explain): \_\_\_\_\_

Physician name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Health insurance plan: \_\_\_\_\_ Policy number: \_\_\_\_\_

Name of insured : \_\_\_\_\_ Group number: \_\_\_\_\_

**HOMELAND SECURITY REQUIREMENTS:**

All passengers intending to board the Schooner Zodiac must board in one group; accompanied by a certified, badged crewmember. Passengers from different vessels must not mingle and must board at separate times. Long term parking and other errands must be completed prior to boarding the Schooner Zodiac, as passengers are not permitted to disembark once boarded. Luggage must remain at all times in the control of the owner and placed onboard vessel only at the time when passenger boards vessel. No passenger will agree to carry another person's luggage onto the Schooner Zodiac.

*The Schooner Zodiac operates within hours of an international border, thus requiring strict security compliance.*

I, \_\_\_\_\_ am registered to participate in the sailing program aboard the sailing vessel Schooner Zodiac, hosted by The Vessel Zodiac Corp. I am physically fit to participate in this program and have no physical pre-conditions that will make my participation in this sailing program dangerous to my health. I understand and agree that I alone am responsible for monitoring my ability and limitations. I hereby assume all risks in connection with this activity and I and my heirs hereby release and hold harmless The Vessel Zodiac Corp., affiliates and its agents from any and all liabilities to me with respect to injury, illness or loss. I indicate my acceptance of these terms with my signature below:

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

I hereby release to the Schooner Zodiac any photographs taken of me on the Schooner Zodiac for use in promotions or publications.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Mail this signed and completed form to Schooner Zodiac 1221 Harris Ave PMB #2 Bellingham WA 98225  
Or email in an attachment to [info@schoonerzodiac.com](mailto:info@schoonerzodiac.com) For questions call 206.719.7622