



Register as a Patient Chaperone! Email this form to EOB-fishVIP@mail.com

Rules for participation:

1. Participation as a Patient VIP is open to any current patient of a beneficiary hospital, or former patient currently involved in child life programs such as therapy, camps or sports, 17 years or younger.
2. Each Patient VIP must be accompanied by **one** adult chaperone 18 years or older.
3. **Chaperones who are not custodial parents or who reside at a different address than the Patient VIP must register separately using this form.**
4. Chaperones receive giveaways but are not eligible to win prizes.
5. Those who have fished as Patient VIPs in the past will be placed on the waiting list to allow new patients a chance to participate. Available spots are dependent on sponsorship for the event, VIPs will be alerted as spots become available.

I acknowledge charter fishing carries the risk of unforeseen hazards. Kiwanis of Michigan Foundation only charters USCG licensed and insured charter captains carrying all required safety equipment — however, I agree it is my responsibility to conduct myself safely and responsibly. I agree to release and hold harmless Kiwanis of Michigan Foundation, event beneficiaries, charter captains and all others associated with the event from all liability or obligation for any loss of personal property, damages, injury or death resulting from or arising out of this event or its related activities.

I hereby grant Kiwanis of Michigan Foundation permission to use my photographic image in any and all of its event-related publications or press releases, including website and social media, without payment or other consideration.

Chaperone Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Patient VIP Child's Name: _____ Event Date: _____

Relationship to Child: _____

I certify that I am not the parent or guardian of the Patient VIP. I have the approval of the VIP's custodial parent(s) and am capable of caring for the above named VIP. I am at least 18 years old and agree to the waiver statements above.

CHAPERONE SIGNATURE: _____

Emergency Contact Person while on boat: (This person **MUST NOT** be on a boat at the same time.)

Name: _____ Phone: _____

For EOBFMD use only — boat assignment: _____