



Prepare for your Call of the Sea Voyage

Safety, communications and location

Our vessels are inspected regularly and certified by the United States Coast Guard. We ensure the vessels are maintained and operated in the safest way possible. View the [Safety at sea document](#) for detailed information about Call of the Sea's Safety Protocol. Our crew of professional mariners and educators are experienced in providing safe educational and fun adventures at sea. As required by the US Coast Guard, our Captain and Mate are licensed mariners. All crew are enrolled in a random drug-test program and are compliant. All crew and staff have been background checked. [Read more about our current crew](#)

Office staff is in communication with the ship on a daily basis. If an accident or injury happens at sea, we will contact the emergency contact person listed in the medical form as soon as possible. If someone needs to reach you during their program, they may contact the Call of the Sea staff to relay the message:

1. Primary Emergency Contact, CEO Mark Welther: 510-459-1131
2. Secondary Emergency Contact, Sales and Marketing Director Sylvia Stompe: 415-384-1061

The ship is docked at the Bay Model Pier, located at 2100 Bridgeway in Sausalito, California, unless otherwise specified. For remote voyages, you will be contacted with the exact ship location (marina and slip number) before the first day of program. Please arrive 15 minutes before the start time of your program. We generally start and end between 10 Am and noon. Please confirm with your program organizer if they have a custom start/end time. Our staff will meet you outside of the Bay Model Visitor Center to check you in. The first meal on-board will be lunch (if the start time is noon). We typically end our program at noon. Participants will eat breakfast on their last day and have snacks available. Lunch will *not* be provided on the last day (unless it is requested as part of a custom program).

Recommended Packing List:

Pack in soft luggage (duffel bags, etc.) No hard-sided suitcases. Space is limited onboard.

- Sleeping bag, optional. You will be provided with a mattress, sheets, pillow and light blanket.
- If you wear glasses, bring a second pair. If you wear contact lenses, bring glasses as well.
- Toiletries: Toothpaste, toothbrush, etc. No hair dryers or electronic equipment.
- Water Bottle, rigid, reusable, ideally with a clip to secure it on deck while underway.
- Sunblock & chapstick SPF 15 or greater
- Towel: Light and quick drying
- Underwear & socks, 6-8 pair for a 5 day trip
- Close-toed shoes – non-skid/rubber soled, 2 pairs –Boat or tennis shoes, flip flops not allowed
- Quick drying T-shirts, 5-6 for a 5 day trip
- Long Sleeve shirts, 2-3 for a 5 day trip
- Shorts, 1-2 pair for a 5 day trip
- Long pants, 1-2 pair for a 5 day trip
- Wool Sweater or Fleece. Cotton is not recommended as it is slow to dry.
- Rain Jacket and Pants: Even though rain may be unlikely, sea spray is common
- Pajamas
- Swim Suit
- Ski Cap or warm “winter hat”. It gets very chilly at sea.

- Sun Hat with a tie: Broad brimmed is best. Ball caps can blow away

Clothes should be comfortable and easy to move in. They may get torn or stained, so do not bring items you would hate to lose. Clothes that dry quickly are best, such as synthetic fibers: fleece, polyesters and nylons. Avoid denim, thick towels, and heavy cotton sweatshirts which will not dry quickly.

Optional Items: Writing material, reading material, musical instruments, ziploc bags (waterproof packaging), baby wipes (don't count on showers), sunglasses, small flashlight, warm gloves, rain boots.

Required paperwork Four weeks before your voyage, the medical, liability waiver and photo release forms must be completed, signed and submitted. Forms can be scanned and emailed to info@calloffthesea.org or mailed to the address below.



Medical form Please FILL in EVERY bank. Mark N/A if not applicable.

Program Start Date: ____ / ____ / ____

Participants Name _____

Gender (circle one): M F Age _____ Birthdate _____

Address _____

City, State, Zip _____

Day Phone: (_____) _____ Evening or Cell Phone: (_____) _____

Email address: _____

Emergency Contact, Name and Relationship:: _____

Phone Number of Emergency Contact: _____

Section 2: Health Information

Family Physician: _____

Phone (_____) _____

Physician's Address: _____

Is applicant covered by any hospitalization/ medical care policy? (Circle one) Yes No

Insurance Company Name _____ Policy or Certificate # _____

*Note: Each participant is responsible for any medical expenses and should be covered by his/her own sickness and accident insurance.

Does the participant have any health problems, pre existing conditions, or recent injuries of which the ship's medical officer should be aware of? If yes, please explain:

Does this person carry an inhaler or Epi-pen? (Circle one) YES NO

This person takes NO MEDICATION on a routine basis. (Circle if applicable)

This person takes medication as follows (Please list medication, name dosage, and specific time taken each day for each medication. You may write "As needed" if the medication is only taken when needed)

1. Medication: _____

Dosage _____ Times Taken: _____

2. Medication: _____

Dosage _____ Times Taken: _____

3. Medication: _____

Dosage _____ Times Taken: _____

4. Medication: _____

Dosage _____ Times Taken: _____

Instructions for all medications participant may take on board:

On an index card or separate slip, list ALL medications taken along with dosage and frequency of administration. This includes over-the-counter and prescription drugs. Place the list in one zip closed bag in the original packaging, which identifies the medication name and prescribing physician (if applicable).

List any allergies (Medications, insects, plants, latex, etc.)

Dietary Restrictions or food allergies (Vegetarian, nut allergy, seafood allergy, strong dislikes)

All medical information submitted is for the sole use of Call of the Sea and its medical advisors. Consent is hereby given for the applicant to participate in a Call of the Sea program and permission is given for any emergency transportation, hospitalization, anesthesia, operation or other treatment which might become necessary. All information will remain confidential in the hands of the vessel's captain during the program. If, for religious or other reasons, you wish to NOT authorize treatment, please attach a letter of explanation.

Name of participant

Signature of participant

Date _____



RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK

For and in consideration of my boarding and/or sailing on a vessel owned and operated by Call of the Sea (“COTS”), I hereby acknowledge the dangers inherent in sailing and accept all the risks and responsibilities.

I, [Print Name] _____ recognize that there are inherent risks involved in the Activity. These risks include, but are not limited, to injuries which can occur while visiting waterfront areas, docks, ramps, gangways and sailing on bays, rivers and the ocean. The risks include, but are not limited to, tripping, falling, slipping, losing balance, falling overboard, drowning and broken bones. I recognize that the risks include the possibility of serious personal injuries and death. I also acknowledge that the risk of exposure to infectious diseases, including Covid-19, is inherent in any group activity. I am choosing to participate in this Activity in spite of these risks.

(Please initial to indicate you have read this paragraph. ____)

I further acknowledge that sailing is a hazardous sport and I hereby assume the risk of all dangerous conditions involved in such activities. I hereby waive any and all specific notice of the existence of any such conditions. **(Please initial to indicate you have read this paragraph. ____)**

I hereby release, waive and relinquish to the fullest extent permitted by law, any and all claims of any sort whether in tort, contract, equity or otherwise, which I or my child, our heirs, administrators, executors and assigns may or could have against COTS, its vessels, officers, directors, committees, volunteers, agents, attorneys and/or employees arising out of or in any way connected with my participation in this Activity, for any injuries, death or property damage which I or they may suffer or sustain. **(Please initial to indicate you have read this paragraph. ____)**

In addition to the release and waiver of liability described above, I agree that I shall indemnify, defend and hold harmless COTS, its vessels, officers, directors, committees, volunteers, agents, attorneys and/or employees for any costs or liabilities which they may incur as a result of my participation in the Activity. If any lawsuit, action or legal proceeding should be brought against COTS by reason of any such claims or alleged liability, the undersigned agrees to defend such action or proceeding at the undersigned’s sole expense by counsel reasonably satisfactory to COTS.

(Please initial to indicate you have read this paragraph. ____)

I further expressly agree that the foregoing release, waiver and assumption of risk is intended to be as broad and inclusive as is permitted by law and that if any portion, clause or sub-clause hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK, AND I SIGN IT OF MY OWN FREE WILL.

Participant’s Name: _____ Signed: _____

Date: _____

PHOTO RELEASE: Leave box unchecked if you will allow photos to be shared I do NOT give permission to Call of the Sea to share photos taken during educational programming, in the media.

Name: _____ Signed: _____

Date: _____