

**THE CLUB 420 ASSOCIATION
2007 NORTH AMERICAN CHAMPIONSHIP
EVENT RELEASE**

Please print, sign and attach to the entry form

Skipper's Name: _____ Sail No.: _____

In consideration of the acceptance of my application to participate in the Club 420 Association's 2007 North American Championship and with the understanding that there are risks inherent in sailboat racing, I (and my parents and or legal guardian) do for myself, my personal representatives, family, heirs and assigns, waive all claims against and release and discharge the Club 420 Association, the host sailing organization, their representative officers, directors, agents, members, employees, servants and race committee personal from any and all claims, demands, liability, causes of action and damage of any nature whatsoever, as may accrue both now and in the future arising out of the participation of the above entry in any activity of the above event. Further, I hereby represent and warrant that the above entry in the events will be outfitted, crewed, equipped and handled in such a fashion as to be safe and seaworthy, that the above entry will have all necessary equipment on board and that it will be completely manned and skippered. I hereby further agree to be bound by The Racing Rules of Sailing and by all other rules that govern this event. I further acknowledge that the above entry, including, but not limited to, the decision as to whether to race or to continue to rest, rests solely, exclusively and finally with the skipper.

_____ Date _____
SIGNATURE of Skipper

_____ Date _____
SIGNATURE of Skipper's Parent or Guardian if under 18

_____ Date _____
SIGNATURE of Crew

_____ Date _____
SIGNATURE of Crew's Parent or Guardian if under 18

**The Club 420 Association
Personal Health And Medical Form**

Please print or type.

Name _____ Date of Birth _____ Age _____
Sex _____

Name of parent/guardian _____
Phone _____

Home address _____
Town/City _____ State _____

Business address _____ Town/City _____
State _____

If the person named above is not available in the event of any emergency, notify:

Name _____ Relationship _____
Phone _____

Name _____ Relationship _____
Phone _____

Name of personal physician _____
Phone _____

Health/Accident Insurance Carrier _____ Policy
No. _____

In the case of emergency, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give my permission to the physician selected to secure the proper medical treatment which may include hospitalization, anesthesia, surgery or injection of medication for my son/daughter.

Date _____ Signature of parent/guardian _____

Medical information past or present (please check): yes[] no[]

Asthma	yes[] no[]	Heart disease	yes[] no[]	Leukemia	yes[] no[]
Allergies	yes[] no[]	High blood pressure	yes[] no[]	Cancer	yes[] no[]
Convulsions	yes[] no[]	Diabetes	yes[] no[]	Hemophilia	yes[] no[]

Explanations: _____

Allergies:

Food yes[] no[] Plants yes[] no[]
Medicines — yes[] no[] — Insect bites — yes[] no[]

Explain any YES answers and give all information needed to provide as safe and as full participation as possible.

Any special equipment such as orthopedic or handicap devices, glasses or contacts, dentures? yes[] no[]

What? _____

Date of last Tetanus shot: _____