



CHUBB U.S. JUNIOR CHAMPIONSHIPS

Competitor's Agreement

Competitor's Agreement: I accept US Sailing's invitation to sail in the 2015 US Sailing Chubb U.S. Junior Sailing Championships Area F Qualifier. By accepting this invitation, I agree to comply with the restriction on drinking and the use of illegal drugs for the entire event. I also agree to share in the responsibility for making the event run smoothly both on and off the water. In particular, I will respect that others are also taking this championship qualifier seriously. I will respect property that is not mine. I will respect the efforts of the event hosts and I will respect and show appreciation for the generosity of my hosts.

(Print Competitor's name clearly)

Competitor's Signature

Date

Competitor's Parent(s) Agreement: I/We have read the Competitor's Agreement above and the restriction on the use of alcohol and illegal drugs during the US Sailing Chubb U.S. Junior Sailing Championships Area F Qualifier event. I/We fully understand that offenders of the restriction will immediately be removed from the racing and, if practical, sent home. I/We understand that I/We are responsible for the behavior of my/our child and are liable for any damage to property, including borrowed boats, if any, caused by him/her, and damage to Texas Corinthian Yacht Club, Houston Yacht Club, and/or Rush Creek Yacht Club property.

(Print Parent's name clearly)

Parent's Signature

Date

(Print Parent's name clearly)

Parent's Signature

Date



RELEASE OF LIABILITY

In consideration of the undersigned's participation in the 2015 US Sailing Chubb U.S. Junior Sailing Championships Area F Qualifier ("the Regatta") organized by US Sailing (the "Organizer") and hosted by Texas Corinthian Yacht Club, on May 2-3, 2015, by Rush Creek Yacht Club on May 16-17, 2015, and by Houston Yacht Club on May 30, 2015 (collectively, the "Host"), the undersigned participant ("Participant"), and if such Participant is a minor, the Participant's parent or legal guardian by countersigning below, on behalf of themselves and their respective heirs, executors, administrators, personal representatives and next of kin (collectively with Participant, "Releasers"), hereby forever waive, release and discharge each of the Organizer, the Host, and their respective Event Chairs, Principal Race Officers, volunteers, committee members, parents, coaches, subsidiaries, affiliates, owners, members, managers, employees, officers, directors, agents, representatives, successors and assigns (each a "Released Party") from any and all claims, demands, damages, judgments, executions, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, which a Releaser may have, or claim to have, against any Released Party resulting from death, personal injury, property damage or other loss Releaser may sustain as a result of participating in the Regatta or other activities related thereto.

THIS RELEASE IS INTENDED TO DISCHARGE EACH RELEASED PARTY FROM ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH RELEASOR'S PARTICIPATION IN THE REGATTA EVEN IF THAT LIABILITY ARISES OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF ANY RELEASED PARTY.

Releasers hereby acknowledge that serious accidents occasionally occur during sailing activities and that mortal or serious personal injuries and/or property damage or other loss may result from participation in the Regatta. Releasers knowingly assume all risks of participation in the Regatta, including all risk of personal injury and loss of or damage to the Releasers or their property, including further injury sustained as the result of the efforts of third parties who come to the aid of Releasor(s) if injured as a result of participation in the Regatta, and release all other persons and entities mentioned above who might otherwise be liable to Releasers. Releasers agree to abide by all rules of the Organizer and the Host in connection with participation in the Regatta and understand that the failure to observe and obey such rules may result in instant revocation of Releasor's(s') right to participate in the Regatta.

(Print Regatta Participant's name clearly)

Regatta Participant's Signature

Date

PARENT OR GUARDIANS FOR MINORS (UNDER 18 YEARS OF AGE):

The undersigned parent and/or natural or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to release each and all of the Released Parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said Party(ies) because of any defect in or lack of such capacity to so act and release said Party(ies) on behalf of all Releasers as specified herein.

(Print Parent/Legal Guardian's name clearly)

Parent/Legal Guardian's Signature

Date

(Print Parent/Legal Guardian's name clearly)

Parent/Legal Guardian's Signature

Date



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DEPICTION RELEASE

In consideration for my participation in the 2015 US Sailing Chubb U.S. Junior Sailing Championships Area F Qualifier (“the “Regatta”), organized by US Sailing (the “Organizer”) and hosted by Texas Corinthian Yacht Club, on May 2-3, 2015, by Rush Creek Yacht Club on May 16-17, 2015, and by Houston Yacht Club on May 30, 2015 (collectively, the “Host”), the undersigned participant (“Participant”) and if such Participant is a minor, the Participant’s parent or legal guardian by countersigning below (“Parent/ Guardian”), hereby grant to the Organizer and the Host, perpetually and irrevocably, the unconditional and exclusive right, title and interest throughout the world to use, simulate and portray Participant’s name, likeness, voice, personality, personal identification, and personal experiences, incidents, situations and events, whether visual and/or audio, including without limitation photographs, videotape, film and other recordings, electronic or optical-based media, or any other form or medium whatsoever, whether now or hereafter existing, and of every kind and character (collectively “The Images”), which may be taken or taken of Participant while participating in any aspect of the Regatta. Participant and Parent/Guardian understand and agree that one or more of the Organizer and/or Host will be the owner(s) of any and all right, title and interest in and to the Images, in any derivative works, and in any merchandising, advertising, promotional and publicity rights and materials related thereto in all media of every nature whatsoever, whether now known or hereafter devised. Participant reserves no rights with respect to such uses. Participant and Parent/Guardian acknowledge the Sponsors’ and the Host’s right, title and interest in and advertisement, promotion, distribution and sale of products or events directly or indirectly related to the Regatta and/or yacht racing. Participant and Parent/Guardian agree that the Organizer and the Host shall have unlimited right to vary, change, alter, modify, add to, and delete from any depictions of Participant in the Images and to rearrange and/or transpose such depictions as each may determine. Participant and Parent/ Guardian hereby waive any right to inspect, review or approve the Images and their use by the Sponsors and the Host and acknowledge that they are to receive no payment with respect to any matter referred to herein and that any and all of the rights granted herein are freely assignable by Sponsors and/or Host.

PARTICIPANT AND PARENT/GUARDIAN, ON BEHALF OF THEMSELVES AND THEIR RESPECTIVE HEIRS, EXECUTORS, ADMINISTRATORS, PERSONAL REPRESENTATIVES AND NEXT OF KIN (COLLECTIVELY, “RELEASERS”), HEREBY FOREVER WAIVE, RELEASE AND DISCHARGE EACH OF THE ORGANIZER, THE HOST AND THEIR RESPECTIVE EVENT CHAIRS, PRINCIPAL RACE OFFICERS, VOLUNTEERS, COMMITTEE MEMBERS, PARENTS, COACHES, SUBSIDIARIES, AFFILIATES, OWNERS, MEMBERS, MANAGERS, EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, SUCCESSORS, ASSIGNS AND REPRESENTATIVES (EACH A “RELEASED PARTY”) FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION THAT RELEASORS MIGHT NOW OR HEREAFTER HAVE FOR LIBEL, DEFAMATION, INVASION OF PRIVACY, RIGHT OF PUBLICITY, INFRINGEMENT OF COPYRIGHT OR TRADEMARK, OR VIOLATION OF ANY OTHER RIGHT ARISING OUT OF OR RELATING TO ANY UTILIZATION OF THE RIGHTS GRANTED UNDER THIS DEPICTION RELEASE.

(Print Regatta Participant’s name clearly)

Regatta Participant’s Signature

Date

PARENT OR GUARDIANS FOR MINORS (UNDER 18 YEARS OF AGE):

The undersigned parent and/or natural or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to release each and all of the Released Parties referred to above in this Depiction Release from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said Party(ies) because of any defect in or lack of such capacity to so act and release said Party(ies) on behalf of all Releasers as specified herein.

(Print Parent/Legal Guardian's name clearly)

Parent/Legal Guardian's Signature Date

(Print Parent/Legal Guardian's name clearly)

Parent/Legal Guardian's Signature Date



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MEDICAL CONSENT FORM

Each participant must complete and sign a copy of this form. Please fill it out completely. Incomplete forms will not be accepted.

NAME OF PARTICIPANT: _____ DATE: ____/____/____

NAME OF PARENT OR GUARDIAN (if under 18): _____
(Print Parent/Legal Guardian's name clearly)

NAME OF PARENT OR GUARDIAN (if under 18): _____
(Print Parent/Legal Guardian's name clearly)

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child if named above as the "Participant") or in the event of illness of myself, my spouse or any child of mine while in, on or about the premises of the Texas Corinthian Yacht Club, Houston Yacht Club, or Rush Creek Yacht Club, or while participating in any activity sponsored by or under the auspices of the Texas Corinthian Yacht Club, Houston Yacht Club, Rush Creek Yacht Club, or US Sailing, under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself, my spouse or any of my said children of such medical care, attention and treatment by any hospital, physician, or dentist at such hospital, as such hospital, physician or dentist may deem necessary or advisable.
2. I authorize the General Manager, Assistant General Manager or any officer or member of the Texas Corinthian Yacht Club, Houston Yacht Club, or Rush Creek Yacht Club, or any adult member of US Sailing, to consent to such medical care, attention or treatment.
3. I agree to pay all costs of such medical care, attention or treatment and to hold free and harmless of and from any and all liability for such cost the Texas Corinthian Yacht Club, Houston Yacht Club, Rush Creek Yacht Club, the US Sailing Association, and the officers, volunteers, employees, and members of each, together with any adult who consented to such medical care, attention or treatment.

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed by the State of Texas or of any hospital holding a current operating certificate issued by the State Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

IN CASE OF EMERGENCY CALL:

NAME: _____

RELATIONSHIP: _____

PHONE NUMBER (INCLUDING MOBILE PHONE NUMBER) _____

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

NAME: _____

PHONE NUMBER: _____

DATE OF LAST EXAM: _____

HEALTH INSURANCE CARRIER: _____

INSURANCE ID NUMBER: _____

NAME OF INSURED: _____

PHONE NUMBER FOR VERIFICATION: _____

CLAIMS MAILING ADDRESS: _____

I/We agree that a photocopy of this Medical Consent Form or a copy sent by facsimile may be accepted by any health care provider. This consent shall be valid for one (1) year from the date of signing.

SIGNATURE OF PARENT OR GUARDIAN (if under 18): _____

SIGNATURE OF PARENT OR GUARDIAN (if under 18): _____



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MEDICAL AND EMERGENCY INFORMATION

Name of Participant: _____ Age: _____

Male ____ or Female ____ Date of Birth: ____/____/____

Name of Parent/Guardian (Printed): _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Cell Phone: _____
(Home) (In Case of Emergency)

THE PARTICIPANT AND/OR THEIR PARENT(S) MUST RESPOND TO THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE:

Please check those that apply: (Provide necessary details below)

CHRONIC AILMENTS:

ASTHMA, OR OTHER RESPIRATORY PROBLEMS: _____

DIABETES OR HYPOGLYCEMIA: _____

HEMOPHILIA, OR OTHER BLEEDING PROBLEMS: _____

CIRCULATORY OR HEART PROBLEMS: _____

EPILEPSY/ SEIZURE: _____

OTHER: _____

ALLERGIES:

IF YES, DO YOU CARRY AN EPIPEN? _____

MEDICATION (please list): _____

LATEX: _____

BEE STINGS/INSECT BITES: _____

FOODS: _____

OTHER: _____

DATE OF LAST TETANUS/ DIPHTHERIA/ TOXOID / T/d or Tdap SHOT: _____

CURRENT MEDICATIONS AND DOSAGE IF ANY: _____

DETAILS:

PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION