

2015 Hingham Bay Junior Regatta  
Hingham Yacht Club, Hingham, MA  
July 9–10, 2015

No sailor may sail without a completed Release of Liability and Authorization for Emergency Medical Treatment form, signed by a parent / guardian. Only completely filled-in forms will be accepted. Skippers and crews must EACH complete and sign separate copies of this form.

Release of Liability

In consideration of the Hingham Yacht Club (the "Event Hosts") allowing the undersigned participant to participate in the above named event (the "Regatta"), I recognize and understand that the Regatta is voluntary in nature and participation is at the invitation of the Event Hosts and organizers. I recognize that my child incurs risks attendant with sailing, water-related activities and other event activities. I hereby absolve the Hingham Yacht Club, the sponsors of this Regatta, the organizers of this event and the members of the Race Committee from all responsibility or liability for loss of life or injury to participants or others, or for the loss of / any damage to any vessel, equipment or other property.

This document may have serious consequences in the event of any injury to the participant.

**I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.**

Participant's Name: \_\_\_\_\_

Parent / Guardian's Printed Name: \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_

Parent / Guardian's Phone: \_\_\_\_\_

Participant's Medical Information

Date of Last Tetanus Booster: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Food Allergies : \_\_\_\_\_

Medicine Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Medications Participant is on: \_\_\_\_\_

Medical Insurance Carrier / Policy No.: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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### Authorization for Emergency Medical Treatment

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child named below as 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 Hingham Yacht Club or while participating in any activity sponsored by or under the auspices of said Club 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 physicians as such hospital, physician or physicians may deem necessary or advisable.
2. I authorize any officer or member of the Hingham Yacht Club to consent to such medical care, attention or treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the Hingham Yacht Club and its officers and members thereof.

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 under the provisions of the State Education Law and/or Public Health Department of Health. It is understood that this authorization is given in advance of any specific care which the aforementioned physician in the exercise of his/her 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.

Participant's Name: \_\_\_\_\_

Parent / Guardian's Printed Name: \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_

Parent / Guardian's Phone: \_\_\_\_\_