

2015 SCORPION BOWL JUNIOR REGATTA – July 16th-17th
LIABILITY WAIVER AND MEDICAL RELEASE

A Liability Waiver and Medical Release must be signed by a parent or a legal guardian for each participant (skipper and crew). No sailor may register or compete without a complete and signed Liability Waiver and Medical Release.

Waiver and Release of Liability: In consideration of the benefits received by myself, my spouse and my child by participation in this Regatta, I, on behalf of myself, my spouse and my child named below, to the fullest extent permitted by laws hereby release the Hull Yacht Club and its officers, members, employees and agents, and, to the extent not included in the foregoing, the Regatta race committees, judges, and volunteers from any and all liability, loss, cost, or expense resulting from and hereby waive any claim which I or any member of my family or my guests may have for damages for death, personal or bodily injury, or property damage which arise directly or indirectly from my child's participation in the 2015 Scorpion Bowl Junior Regatta or activities or events associated therewith.

Medical Release: In the event of an emergency requiring medical attention for my child, I 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 medical professional licensed under the laws of the Commonwealth of Massachusetts and treatment in any hospital holding a current operating certificate issued by the Department of Public Health of the Commonwealth of Massachusetts. I understand that this permission 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 medical personnel in the exercise of their best judgment may deem advisable. I understand that reasonable efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if I cannot be reached.

Participant's Name: _____

Birth Date: _____

Fleet & Sail Number: _____

Parent / Guardian's Daytime Phone: _____

Parent/Guardian's Evening Phone: _____

Parent / Guardian's Printed Name: _____

Parent / Guardian's Signature: _____

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Participant's Medical Information

Allergies (bee stings, food, medication, etc.): _____

Medications Participant is taking: _____

Physician: _____ Physician Telephone: _____

Medical Insurance Carrier & Policy No.: _____