

## RELEASE OF LIABILITY

In consideration of the undersigned's participation in the 2017 International 420 Gulf Coast Championship ("the Regatta") hosted by the Gulf Coast Youth Sailing Association (the "Host") on 6/16/17 – 6/18/17, 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, "Releasors"), hereby forever waive, release and discharge the Host and their respective parents, 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 Releasor may have, or claim to have, against any Released Party resulting from death, personal injury, property damage or other loss Releasor 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.**

Releasor 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. Releasor knowingly assume all risks of participation in the Regatta, including all risk of personal injury and loss of or damage to the Releasor 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 Releasors. Releasor agrees to abide by all rules of the Host in connection with participation in the Regatta and understands that the failure to observe and obey such rules may result in instant revocation of Releasor's(s') right to participate in the Regatta.

Signature of Regatta Participant: \_\_\_\_\_  
Print Name:

### **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 Releasors as specified herein.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **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: \_\_\_\_\_

NAME OF PARENT OR GUARDIAN (if under 18) \_\_\_\_\_

In the event of accident or injury to myself or any child of mine (specifically including my child if named above as the "Participant") or in the event of illness of myself or any child of mine while participating in any activity sponsored by or under the auspices of the Gulf Coast Youth Sailing Association under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself or any of my said children 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, employee or volunteer associated with the Gulf Coast Youth Sailing Association or the Regatta 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 incurred by any officer, employee or volunteer associated with the Gulf Coast Youth Sailing Association or the Regatta.

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.

Signature: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**IN CASE OF EMERGENCY CALL:**

NAME	RELATIONSHIP	PHONE NUMBER

**PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:**

NAME	PHONE NUMBER	DATE OF LAST EXAM

HEALTH INSURANCE CARRIER	INSURANCE GROUP NUMBER	PHONE NUMBER

## MEDICAL AND EMERGENCY INFORMATION

Competitor's name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ (home) \_\_\_\_\_ (Emergency cell) Date of Birth: \_\_\_\_\_

**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:	ALLERGIES:
ASTHMA, OR OTHER RESPIRATORY PROBLEMS	MEDICATION (please list below)
DIABETES OR HYPOGLYCEMIA	LATEX
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS	BEE STINGS/INSECT BITES
CIRCULATORY OR HEART PROBLEMS	IF YES, DO YOU CARRY AN EPIPEN?
EPILEPSY/ SEIZURE	FOODS
OTHER	OTHER

CURRENT MEDICATIONS AND DOSAGE IF ANY: \_\_\_\_\_

DETAILS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION**

**If any of the above mentioned information changes before or during the event,  
please submit in writing all pertinent information to the regatta chairperson.**