

# Waiver of Liability - Minor

## Sailor Information:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Skipper Name (If two-person vessel): \_\_\_\_\_

Fleet: \_\_\_\_\_ Sail Number: \_\_\_\_\_

**IN CONSIDERATION OF, AND AS A CONDITION OF MY VOLUNTARY PARTICIPATION IN ANY REGATTA RACE OR RELATED ACTIVITY HOSTED, SPONSORED, OR OTHERWISE UNDERTAKEN BY LAKE CANYON YACHT CLUB ("LCYC"), I ON BEHALF OF MY ABOVE-NAMED MINOR CHILD HEREBY FULLY RELEASE AND WAIVE ANY AND ALL CLAIMS AND LIABILITY OF ANY KIND AGAINST LCYC, ITS AGENTS, MEMBERS, OFFICERS, DIRECTORS, REPRESENTATIVES, EMPLOYEES, STAFF OR VOLUNTEERS (AND ANY OF THEIR AGENTS, AFFILIATES, OR CONTRACTORS) ARISING FROM OR RELATING TO MY AND/OR MY CHILD'S PARTICIPATION IN THE REGATTA RACE AND ALL ACTIVITIES RELATING THERETO. I HEREBY GIVE MY CONSENT FOR LCYC TO USE PHOTOGRAPHS AND LIKENESSES OF ME AND MY CHILD AND MY BOAT IN ITS PUBLICATIONS, INCLUDING ITS WEBSITE. I HEREBY ACKNOWLEDGE AND AGREE THAT THE SAFETY OF THE YACHT OR VESSEL UTILIZED IN THE RACE AND RELATED ACTIVITIES AND HER CREW, AND THE DECISION TO USE THE YACHT OR VESSEL IN THE RACE, OR IN SUPPORT OF THE RACE OR ANY ACTIVITY RELATED TO THE RACE, IS THE RESPONSIBILITY OF THE SKIPPER AND/OR CREW ALONE AND NOT THAT OF LCYC, ITS AGENTS, MEMBERS, OFFICERS, DIRECTORS, REPRESENTATIVES, EMPLOYEES, STAFF OR VOLUNTEERS (AND ANY OF THEIR AGENTS, AFFILIATES, OR CONTRACTORS) OR ANY PERSON DIRECTING, UNDERTAKING OR ASSISTING IN THE CONDUCT OF THE REGATTA RACE OR ACTIVITY. I FURTHER ACKNOWLEDGE THAT SAILING CAN BE AN INHERENTLY DANGEROUS SPORT. I HEREBY KNOWINGLY AND VOLUNTARILY AGREE TO FOREVER RELEASE, DISCHARGE, HOLD HARMLESS, AND COVENANT NOT TO SUE LCYC, ITS AGENTS, MEMBERS, OFFICERS, DIRECTORS, REPRESENTATIVES, EMPLOYEES, STAFF, OR VOLUNTEERS (OR ANY OF THEIR AGENTS, AFFILIATES, OR CONTRACTORS) FOR ANY LOSS, DAMAGE, CLAIM, OR ACTION BASED ON, RELATED TO, OR IN ANY WAY ARISING OUT OF PERSONAL INJURIES, DEATH, PROPERTY DAMAGE, OR OTHER DAMAGES SUSTAINED OR ALLEGED TO HAVE BEEN SUSTAINED BY MYSELF AND/OR MY CHILD AS A RESULT OF PARTICIPATION IN ANY LCYC REGATTA RACE AND ALL ACTIVITIES RELATING THERETO. SUCH RELEASE, DISCHARGE, HOLD HARMLESS, AND COVENANT NOT TO SUE SHALL APPLY REGARDLESS OF WHETHER ANY ALLEGED LOSS, DAMAGE, CLAIM, OR ACTION ARISES FROM OR WAS CAUSED, OR IS ALLEGED TO HAVE BEEN CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENCE, GROSS NEGLIGENCE, FAULT, ACT, OR OMISSION OF ANY RELEASED PARTY OR ENTITY. IT IS MY INTENT THAT THIS RELEASE OPERATE TO FULLY AND FINALLY RELEASE, WAIVE, DISCHARGE, AND ACQUIT ANY AND ALL CLAIMS THAT I OR MY CHILD MAY HAVE (OR MAY ALLEGE TO HAVE) AGAINST ANY RELEASED PARTY OR ENTITY BASED ON, ARISING OUT OF, RELATING TO, OR ANY WAY CONNECTED WITH ANY LCYC RACE AND ALL ACTIVITIES RELATING THERETO. I FURTHER INTEND THAT THIS RELEASE FULLY APPLY TO AND BIND ANY OF MY AGENTS, ASSIGNS, HEIRS, PARTNERS, AND ANY AND ALL OTHER PARTIES ACTING BY, THROUGH, OR UNDER ME.**

Name of Sailor: \_\_\_\_\_

Parent or Guardian (Print): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Medical Power of Attorney for Minor Child

## Sailor Information:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

**IN THE EVENT OF ACCIDENT, INJURY OR ILLNESS INVOLVING ANY CHILD OF MINE (SPECIFICALLY INCLUDING MY CHILD NAMED ABOVE AS THE "PARTICIPANT") OR ME OR MY SPOUSE WHILE IN, ON, OR ABOUT THE PREMISES OF A TEXAS SAILING ASSOCIATION ("TSA") MEMBER YACHT CLUB (THE "CLUB") (WHICH INCLUDES THE LAKE CANYON 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 AUTHORIZE AND CONSENT TO THE FURNISHING TO MYSELF, MY SPOUSE, OR ANY CHILD OF MINE OF SUCH MEDICAL CARE, ATTENTION, AND TREATMENT BY ANY HOSPITAL, PHYSICIAN OR DENTIST AS SUCH HOSPITAL, PHYSICIAN OR DENTIST MAY DEEM NECESSARY OR ADVISABLE, INCLUDING ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL, OR SURGICAL DIAGNOSIS OR PROCEDURE.**

**2. I AUTHORIZE ANY ADULT ASSOCIATED WITH THE ACTIVITY TO CONSENT TO SUCH MEDICAL CARE, ATTENTION AND 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 ASSISTING ADULT, THE CLUB, TSA AND THE OFFICERS, EMPLOYEES AND MEMBERS OF SAID ORGANIZATIONS.**

**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.**

**I AGREE THAT A PHOTOCOPY OF THIS CONSENT OR A COPY SENT BY FACSIMILE MAY BE ACCEPTED BY ANY HEALTH CARE PROVIDERS. THIS CONSENT SHALL BE VALID FOR ONE (1) YEAR FROM THE DATE OF SIGNING.**

**I expressly represent that I have proper and adequate authority to execute this medical power of attorney for my minor child. By signing below I certify that I have read, fully understand, and, agree to this medical power of attorney for my minor child.**

Name of Sailor: \_\_\_\_\_

Parent or Guardian (Print): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_