DYC Junior Sailing Club, Inc.

Medical Release Form

Student Information:

Student Name:_____

Home Phone: _____ Work Phone:_____

Street/Mailing Address _____

City/State _____ Zip _____

E-mail Address _____

Medical/Emergency Information: Waiver of Liability Agreement

I recognize sailing can be a hazardous sport that can result in serious injury or death. I accept the risks inherent in sailing and its environment. **Since I may be signing on behalf of a minor,** I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses and claims incurred as a result of participation in or travel to and from any activity of Dillon Yacht Club and DYC Junior Sailing Club, Inc. I also agree **to release, hold harmless and indemnify** the Dillon Yacht Club, the DYC Junior Sailing Club, Inc., their advisory councils, officers, members, agents, employees, and insurers for any claims brought by the minor for any injury or damage resulting from any cause, including negligence, which arise out of participation in these programs. This release is binding as to any other persons, including family members, heirs, and executors. This release does not apply to gross negligence or intentional acts. I also authorize the program organizers or their employees to sanction emergency treatment if none of the above named contacts can be reached at the time of an emergency. We also permit Dillon Yacht Club and DYC Junior Sailing Club, Inc. to use photos and quotes of our child in their publications. **My signature below means I have read, understood, and agree to the conditions and responsibilities as outlined in this Agreement.**

Signature (Parent if under 18) _____ Date: _____

Contact Name 1: _____

Relationship: _____ Mobile Phone: _____

Home Phone: _____ Work Phone: _____

Contact Name 2: _____

Relationship: _____ Mobile Phone: _____

Home Phone: _____ Work Phone: _____

Doctor Name: _____ Phone: _____

Medical Conditions: _____

Concerns or Learning Disabilities_____

Medications: _____