

# USA Junior Olympics Sailing Festival @ MHYC 2015

## WAIVER AND RELEASE

Please Print and Turn in at Registration.

Sailor: \_\_\_\_\_ Club: \_\_\_\_\_ Sail#: \_\_\_\_\_

Age: \_\_\_\_\_

- ☐ Skipper
- ☐ Crew

- ☐ Laser Radial
- ☐ c420
- ☐ Opti RWB
- ☐ Opti Green

Adult responsible at event: \_\_\_\_\_ Cell#: \_\_\_\_\_

The undersigned agrees that the Sailor's home club or association, and all of their respective members, officers, directors, employees, agents, volunteers, as well as all persons acting in a volunteer capacity regarding the conduct of the Events ("Released Party" or collectively "the Released Parties"), shall not be responsible or liable for the personal injury, death, and/or property loss or damage suffered by the Sailor or any third party arising out of or related to the Sailor's participation in the Events whether or not any such liability is caused in whole or part by the negligence of a Released Party. By consenting to the participation of the Sailor in the Events, the undersigned, himself/herself and on behalf of the Sailor and their respective heirs, successors, and assigns, hereby waives all claims against the Released Parties for, and releases the Released Parties from, any and all liability, including personal injury, death and property damage claims arising out of the Sailor's participation in the Events, whether or not any such liability is caused in whole or part by the negligence of a Released Party, to the fullest extent permitted by law.

However, the undersigned Parent and Sailor do retain any and all rights against any other party for damages of any nature resulting from any intentional acts and/or wrongful acts not directly related to the Sailor's participation in the daily activities of the Events, including all times before the start and after the activities of the Events for that day. Parties hereto understand that in accordance with Rule 82 of the Racing Rules of Sailing and the Bylaws of US Sailing, no indemnity clauses shall be required by any party.

The undersigned gives permission for **photographs and videos** of the Sailor to be used at the sole discretion of US Sailing and MHYC, the Released Parties and the Organizing Authority, at which the photo was taken.

Signed (Sailor): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_

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

# Emergency Medical Authorization Form

## USA Junior Olympics Sailing Festival @ MHYC - 2015

Sailor Name: \_\_\_\_\_ Club: \_\_\_\_\_ Sail # \_\_\_\_\_

Adult responsible at event: \_\_\_\_\_ Cell#: \_\_\_\_\_

This form enables parents/guardians to authorize emergency treatment for children who become ill or injured while participating in the USA Junior Olympics Sailing Festival at MHYC.

**PLEASE COMPLETE EITHER PART I or PART II of this form.**

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Home Address \_\_\_\_\_

**In the event of an emergency involving a participant all reasonable attempts will be made to contact the parents or guardians listed below. Emergency medical personnel will be notified for transfer to the nearest hospital if necessary.**

_____ (Parent or Guardian Name)	_____ (Relationship)	_____ (Cell Phone)
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_____ (Parent or Guardian Name)	_____ (Relationship)	_____ (Cell Phone)
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_____ (Parent or Guardian Name)	_____ (Relationship)	_____ (Cell Phone)
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### MEDICAL INFORMATION

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Ongoing Medical Conditions or Physical Impairments \_\_\_\_\_

\_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

### MEDICAL INSURANCE INFORMATION

(optional – this may assist staff in the event that your child is taken to the hospital for treatment)

Insurance Carrier \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Group Policy # \_\_\_\_\_ Plan # \_\_\_\_\_

### PART I - CONSENT

**I do hereby give my consent for emergency medical treatment of my child in the event of accident, illness, or injury.**

_____ (Parent or Guardian Name)	_____ (Date)
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### PART II - REFUSAL TO CONSENT (Do not complete if you completed Part I)

**I do not give my consent for medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the instructor to take no action or to:**

_____ (Parent or Guardian Name)	_____ (Date)
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