## USA Junior Olympics Sailing Festival - Ohio 2016 WAIVER AND RELEASE

Please Print and Turn in at Registration. One per Sailor.

| Sailor:   | Sail Number:  | Club:  |
|---|---|--|
| DOB:  | Skipper Crew _  |  |
|   | grants conditional use of Club water access and,<br>o registrants of the Junior Olympics Sailing Festi  |  |
| shirts are to be worn by gent<br>upstairs of the clubhouse. Co<br>2) Waive any and all liability and<br>hereafter acquire against Me<br>volunteer personnel arising of<br>3) Assume full responsibility for<br>4) Be fully responsible for any in<br>undersigned or Sailor causes                     | Yachting Club rules. This includes respecting Club rules vertlemen 12 and older after 6:00 p.m. unless otherwise waish over ups and shoes are required inside the clubhouse at a direlease of any claim, including those for negligence, the entor Harbor Yachting Club and its directors, officers, empout of or relating to my use of the Mentor Harbor Yachting the risks of participation in boating and damage to property to person or property, including but not limited to risk on Club Property. Neither the Club nor its personnel shause of Mentor Harbor Yachting Club facilities by the under | ved; hats are not to be worn inside the all times. e undersigned may now have or may ployees, agents, members and associate g Club facilities and vessels. perty or persons. motor vehicles and/or vessels, the all be liable for any injury to person or              |
| directors, employees, agents, volue Events ("Released Party" or collect death, and/or property loss or dar participation in the Events whether Party. By consenting to the participation and their respective heirs, so releases the Released Parties from arising out of the Sailor's participation. | es that Mentor Harbor Yachting Club, and all of its resulters, as well as all persons acting in a volunteer catively "the Released Parties"), shall not be responsible mage suffered by the Sailor or any third party arising er or not any such liability is caused in whole or partipation of the Sailor in the Events, the undersigned, buccessors, and assigns, hereby waives all claims again, any and all liability, including personal injury, deat ation in the Events, whether or not any such liability the fullest extent permitted by law.  | apacity regarding the conduct of the<br>le or liable for the personal injury,<br>g out of or related to the Sailor's<br>by the negligence of a Released<br>himself/herself and on behalf of the<br>inst the Released Parties for, and<br>th and property damage claims |
| nature resulting from any intention activities of the Events, including a   | and Sailor do retain any and all rights against any or<br>onal acts and/or wrongful acts not directly related to<br>all times before the start and after the activities of th<br>th Rule 82 of the Racing Rules of Sailing and the Byla<br>earty.   | the Sailor's participation in the daily<br>ne Events for that day. Parties hereto  |
|   | n for <b>photographs and videos</b> of the Sailor to be us<br>anizing Authority, at which the photo was taken.  | sed at the sole discretion of MHYC,  |
| , .   | unenforceable, such determination of unenforceability sheent. This agreement shall be construed and enforced unde   | •  |
| Signed (Sailor):  | Date:   | _  |
| Signed (Parent/Guardian):   | Date:   | _  |
| Parent/Guardian Name Printed  |   |  |

Mailing Address:

## **Emergency Medical Authorization Form MHYC June 10-12, 2016**

| Sailor Name:  |  | Club:                              |  |
|---|--|------------------------------------|--|
| Adult responsible <u>at event:</u>  |  | _ Cell#:                           |  |
| This form enables parents/guardia participating in the USA Junior Oly     | mpics Sailing Festival at M            |                                    | ho become ill or injured while             |
| 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 invorguardians listed below. Emergnecessary. |  | -                                  | -  |
| (Parent or Guardian Name)   | (Relationship)                         | (                                  | Cell Phone)                                |
| (Parent or Guardian Name)   | (Relationship)                         |                                    | Cell Phone)                                |
| (Parent or Guardian Name)   | (Relationship)                         | (                                  | Cell Phone)                                |
| MEDICAL INFORMATION Child's Physician                                     |  | Phone                              |  |
| Allergies   |  |                                    |  |
| Current Medications<br>Ongoing Medical Conditions or Ph                   |  |                                    |  |
|   | ysicai impairments                     | Date of last Tet                   | anus shot                                  |
| MEDICAL INSURANCE INFORMA   | <b>FION</b> (optional – this may assis | t staff in the event that your chi | ld is taken to the hospital for treatment) |
| Insurance Carrier   |  | Insurance Phone:                   |  |
| Group Policy #  | Plan #                                 |                                    | _  |
| PART I - CONSENT<br>I do hereby give my consent for er                    | mergency medical treatm                | ent of my child in the ever        | nt of accident, illness, or injury.        |
| (Parent or Guardian Name)   | (Date)                                 |                                    |  |
| PART II - REFUSAL TO CONSEN   | I <b>T</b> (Do not complete if voi     | ı completed Part I)                |  |
| I do not give my consent for medical trea<br>to take no action or to:     |  |                                    | ergency treatment, I wish the instructor   |
| (Parent or Guardian Name)   | <br>(Date)                             |                                    |  |