

# **Competitor's Agreement**

Competitor's Agreement: I accept US Sailing's invitation to sail in the 2016 US Sailing Chub U.S. Junior Sailing Championships Area F Qualifier. By accepting this invitation, I agree comply with the restriction on drinking and the use of illegal drugs for the entire event. I alsagree to share in the responsibility for making the event run smoothly both on and off the water In particular, I will respect that others are also taking this championship qualifier seriously. I we respect property that is not mine. I will respect the efforts of the event hosts and I will respect are show appreciation for the generosity of my hosts.			
(Print Competitor's name clearly)	Competitor's Signature	Date	
Competitor's Parent(s) Agreement: the restriction on the use of alcohol ar Sailing Championships Area F Qualif restriction will immediately be remove understand that I/We are responsible damage to property, including borrow Grapevine Sailing Club, Houston Yacht	nd illegal drugs during the US Sailing ier event. I/We fully understand that ed from the racing and, if practical, for the behavior of my/our child and yed boats, if any, caused by him/he	Chubb U.S. Junior at offenders of the sent home. I/We are liable for any er, and damage to	
(Print Parent's name clearly)	Parent's Signature	Date	
(Print Parent's name clearly)	 Parent's Signature	 Date	



### RELEASE OF LIABILITY

In consideration of the undersigned's participation in the 2016 US Sailing Chubb U.S. Junior Sailing Championships Area F Qualifier ("the Regatta") organized by US Sailing (the "Organizer") and hosted by Rush Creek Yacht Club, on April 30, 2016-May 1, 2016, by Houston Yacht Club on May 8, 2016, and by Grapevine Sailing Club on May 14-15, 2016 (collectively, the "Host"), 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 each of the Organizer, the Host, and their respective Event Chairs, Principal Race Officers, volunteers, committee members, parents, coaches, 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.

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

by all rules of the Organizer and the Host understand that the failure to observe and Releaor's(s') right to participate in the Regatt	obey such rules may result in instan	•
(Print Regatta Participant's name clearly)	Regatta Participant's Signature	Date
PARENT OR GUARDIANS FOR MINORS (UThe undersigned parent and/or natural or leg fact, acting in such capacity and agrees to restoration to above from all liability, loss, cost, claim capacity party(ies) because of any defect in our Party(ies) on behalf of all Releasors as specifications.	gal guardian does hereby represent the elease each and all of the Released For damage whatsoever which may be r lack of such capacity to so act an	Parties referred imposed upon
(Print Parent/Legal Guardian's name clearly)	Parent/Legal Guardian's Signature D	rate
(Print Parent/Legal Guardian's name clearly)	Parent/Legal Guardian's Signature D	eate



#### **DEPICTION RELEASE**

In consideration for my participation in the 2016 US Sailing Chubb U.S. Junior Sailing Championships Area F Qualifier ("the Regatta") organized by US Sailing (the "Organizer") and hosted by Rush Creek Yacht Club, on April 30, 2016-May 1, 2016, by Houston Yacht Club on May 8, 2016, and by Grapevine Sailing Club on May 14-15, 2016 (collectively, the "Host"), the undersigned participant ("Participant") and if such Participant is a minor, the Participant's parent or legal guardian by countersigning below ("Parent/ Guardian"), hereby grant to the Organizer and the Host, perpetually and irrevocably, the unconditional and exclusive right, title and interest throughout the world to use, simulate and portray Participant's name, likeness, voice, personality, personal identification, and personal experiences, incidents, situations and events, whether visual and/or audio, including without limitation photographs, videotape, film and other recordings, electronic or optical-based media, or any other form or medium whatsoever, whether now or hereafter existing, and of every kind and character (collectively "The Images"), which may be taken or taken of Participant while participating in any aspect of the Regatta. Participant and Parent/Guardian understand and agree that one or more of the Organizer and/or Host will be the owner(s) of any and all right, title and interest in and to the Images, in any derivative works, and in any merchandising, advertising, promotional and publicity rights and materials related thereto in all media of every nature whatsoever, whether now known or hereafter devised. Participant reserves no rights with respect to such uses. Participant and Parent/Guardian acknowledge the Sponsors' and the Host's right, title and interest in and advertisement, promotion, distribution and sale of products or events directly or indirectly related to the Regatta and/or yacht racing. Participant and Parent/Guardian agree that the Organizer and the Host shall have unlimited right to vary, change, alter, modify, add to, and delete from any depictions of Participant in the Images and to rearrange and/or transpose such depictions as each may determine. Participant and Parent/ Guardian hereby waive any right to inspect, review or approve the Images and their use by the Sponsors and the Host and acknowledge that they are to receive no payment with respect to any matter referred to herein and that any and all of the rights granted herein are freely assignable by Sponsors and/or Host.

PARTICIPANT AND PARENT/GUARDIAN, ON BEHALF OF THEMSELVES AND THEIR RESPECTIVE HEIRS, EXECUTORS, ADMINISTRATORS, PERSONAL REPRESENTATIVES AND NEXT OF KIN (COLLECTIVELY, "RELEASERS"), HEREBY FOREVER WAIVE, RELEASE AND DISCHARGE EACH OF THE ORGANIZER, THE HOST AND THEIR RESPECTIVE EVENT CHAIRS, PRINCIPAL RACE OFFICERS, VOLUNTEERS, COMMITTEE MEMBERS, PARENTS, COACHES, SUBSIDIARIES, AFFILIATES, OWNERS, MEMBERS, MANAGERS. EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, SUCCESSORS, ASSIGNS AND REPRESENTATIVES (EACH A "RELEASED PARTY") FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION THAT RELEASORS MIGHT NOW OR HEREAFTER HAVE FOR LIBEL, DEFAMATION, INVASION OF PRIVACY, RIGHT OF PUBLICITY, INFRINGEMENT OF COPYRIGHT OR TRADEMARK, OR VIOLATION OF ANY OTHER RIGHT ARISING OUT OF OR RELATING TO ANY UTILIZATION OF THE RIGHTS GRANTED UNDER THIS DEPICTION RELEASE.

Print Regatta Participant's name clearly)	Regatta Participant's Signature	Date

## 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 in this Depiction Release 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.

(Print Parent/Legal Guardian's name clearly)	Parent/Legal Guardian's Signature	Date
(Print Parent/Legal Guardian's name clearly)	Parent/Legal Guardian's Signature	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:	DATE:/
NAME OF PARENT OR GUARDIAN (if under 18	3):(Print Parent/Legal Guardian's name clearly)
NAME OF PARENT OR GUARDIAN (if under 18	3):(Print Parent/Legal Guardian's name clearly)

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child if named above as the "Participant") or in the event of illness of myself, my spouse or any child of mine while in, on or about the premises of the Grapevine Sailing Club, Houston Yacht Club, or Rush Creek Yacht Club, or while participating in any activity sponsored by or under the auspices of the Grapevine Sailing Club, Houston Yacht Club, Rush Creek Yacht Club, or US Sailing, under circumstances where I am physically unable to consent or am not present:

- 1. I hereby voluntarily consent to the furnishing to myself, my spouse or any of my said children of such medical care, attention and treatment by any hospital, physician, or dentist at such hospital, as such hospital, physician or dentist may deem necessary or advisable.
- 2. I authorize the General Manager, Assistant General Manager or any officer or member of the Grapevine Sailing Club, Houston Yacht Club, or Rush Creek Yacht Club, or any adult member of US Sailing, 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 the Grapevine Sailing Club, Houston Yacht Club, Rush Creek Yacht Club, the US Sailing Association, and the officers, volunteers, employees, and members of each, together with any adult who consented to such medical care, attention or treatment.
- 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.

# IN CASE OF EMERGENCY CALL: RELATIONSHIP: PHONE NUMBER (INCLUDING MOBILE PHONE NUMBER)\_\_\_\_\_ PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION: NAME: \_\_ PHONE NUMBER: DATE OF LAST EXAM: \_\_\_ HEALTH INSURANCE CARRIER: \_\_\_\_\_ INSURANCE ID NUMBER: \_\_\_\_\_ NAME OF INSURED: \_\_\_\_\_ PHONE NUMBER FOR VERIFICATION: \_\_\_\_\_\_ CLAIMS MAILING ADDRESS: \_\_\_\_\_ I/We agree that a photocopy of this Medical Consent Form or a copy sent by facsimile may be accepted by any health care provider. This consent shall be valid for one (1) year from the date of signing. SIGNATURE OF PARENT OR GUARDIAN (if under 18):\_\_\_\_\_ SIGNATURE OF PARENT OR GUARDIAN (if under 18):\_\_\_\_\_



# **MEDICAL AND EMERGENCY INFORMATION**

Name of Participant:	Age:
Male or Female	Date of Birth://
Name of Parent/Guardian (Printed):	
Address:	
City/State/Zip:	
Telephone No.:	Cell Phone:
(Home)	(In Case of Emergency)
THE PARTICIPANT AND/OR THEIR F QUESTIONS AS ACCURATELY AND	PARENT(S) MUST RESPOND TO THE FOLLOWING COMPLETELY AS POSSIBLE:
Please check those that apply: (Provide CHRONIC AILMENTS:	e necessary details below)
	RATORY PROBLEMS:
DIABETES OR HYPOGLYCEN	MIA:
HEMOPHILIA, OR OTHER BL	EEDING PROBLEMS:
EDII EDOV/ SEIZUDE:	ROBLEMS:
OTHER:	
ALLERGIES:	
	EPIPEN?
LATEX:	
FOODS:	
OTHER:	
DATE OF LAST TETANUS/ DIPTHERI	A/ TOXOID / T/d or Tdap SHOT:
CURRENT MEDICATIONS AND DOSA	AGE IF ANY:
DETAILS:	

PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION