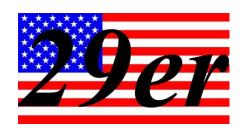
MINOR WAIVER FORM





NAME OF MINOR PARTICIPANT:		
	ERSONALLY AND VOLUNTARILY BY A PARENT OR LEG PANT IS NOT YET EIGHTEEN (18) YEARS OF AGE (I.E. MI	
I am the parent or legal guardian of the the following:	above listed minor (herein "Minor") and I acknowledge and a	ccept and authorize
medical personnel and facilities and trai treatment, services and/or care, to auth- surgery, diagnostic or corrective, as the reasonable consultation with duly licens	tes or care which are necessary or appropriate for Minor, inclusive and the resportation or transfer of Minor to such facilities and in conneceive and consent in my name and on my behalf to such eme y may determine to be necessary for the life, health or wellbested physicians, surgeons and /or dentists. It is understood that and treatment of Minor but that any of the above treatment.	ction with such rgency or necessary ing of Minor, after it reasonable effort
I also acknowledge that Minor intends to Minor will comply with racing rules and I US Coast Guard or International 29er C the Notice of Race of this event. I am a	NLEDGMENT OF ASSUMPTION OF THE RISK o participate in the 2017 29er Midwinters East Regatta. I spectregulations governing the event. I will make certain that Minor class Rules compliant personal floatation device and will wear tware that participation in a sailing event presents the risk of sexist and assume said risks for Minor with respect to practicine docks or on shore.	r is provided with a it as prescribed in serious injury and
servants, volunteers, sponsors, employe	ciation, US Sailing Center Miami, the their officers, directors, a ees of any liability for bodily injury to Minor while he or she is he risk of any bodily injury to him or her while participating in	participating in this
	and the US Sailing Center Miami the right to use Minor's nan ensation, in any press release, web site posting, advertiseme	
	m I am creating a legally binding document and agree to be bal advice for further clarification. Do not proceed with this form	
I agree to the terms of the waiver:	Signature of Participant or Parent/Guardian	Date

Printed Name of Parent/Guardian