



Lake Lanier Sailing Club

Medical Emergency

Participant's Name: _____ Sex: _____ Date of Birth: _____

Physical Handicaps: (Please specify eyeglasses, contacts, hearing aids, etc.) _____

Chronic Aliments: Asthma, or other respiratory problems, Diabetes or Hypoglycemia, Epilepsy, Hemophilia, or other Bleeding Problems, Circulatory or Heart problems, Other _____

Allergies: Food, Bee stings/Insect bites, Medications, Other _____

Current Medications (if any): _____ Date of Last Tetanus: _____ Blood Type: _____

Physician: _____ Phone _____

Insurance Carrier _____ Insurance ID _____ Provide copies at check in _____

Emergency Contacts:

Name _____ relationship _____ phone _____

I, the undersigned, do hereby give consent (or as parent/legal guardian) for 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 under the provisions of the State Education Law and/or Public Health Law of the State of Georgia and on the staff of any hospital holding 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/her 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.

• **Adult or Parent/Legal Guardian Signature** _____

Print Name _____ **This** _____ **day of** _____, **20** _____.

Waiver of Liability

I, (or as parent/legal guardian of minor child listed above) voluntarily assume all risk, acknowledging that sailing is an activity that has an inherent risk of damage or injury, including loss of life, while participating in programs and events or when using any and all of LAKE LANIER SAILING CLUB & LAKE LANIER JUNIOR SAILING CLUB facilities, including, but not limited to the boats, dock, classroom, and property real and other, and agree to waiver and indemnify against any and all losses and/or claims, incident there to, The LAKE LANIER SAILING CLUB & LAKE LANIER JUNIOR SAILING CLUB, the Directors, Members, Employees, and Agents, and any one or more of them, their successors, executors, and/or Administrators.

I understand that I (my child) will not be allowed to participate in events unless this form is signed and filled out completely. As the undersigned, I do hereby give my permission to the officers, leaders, or agents of the Savannah Sailing Center to obtain and administer First-aid/CPR and/or emergency medical assistance as might be required for the immediate care of me (my child) if such assistance in any emergency becomes necessary to preserve my (my child's) life, limb or well being. In no event will the Savannah Sailing Center, its officers, leaders, or agents be held liable for any first aid rendered or treatment, drugs and medicine, or surgical procedures performed pursuant to this consent.

I hereby grant permission to LAKE LANIER SAILING CLUB & LAKE LANIER JUNIOR SAILING CLUB as a 501(c) 3 nonprofit organization the use of images, moving media, and/or facsimiles acquired of me (my child) for promotional use by the Club and it's efforts.

Damage Policy

As a member/class participant, I (my child) voluntarily assume financial responsibility for damage to all boats, equipment and property due to gross negligence or recklessness. I (my child) will forfeit all privileges until arrangements for the damage fees are made in full. I have read and understand this policy.

• **Adult or Parent/Legal Guardian Signature** _____

Print Name _____ **This** _____ **day of** _____, **20** _____ Revised 3/2016