## USA Junior Olympics Sailing Festival - Ohio 2017 WAIVER AND RELEASE

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

Sailor		Sail Number:		Club:
DOB:		Skipper	Crew	
	or Harbor Yachting Club grants con I or personal vessel use to registrar		• • •	
The ur 1) 2) 3) 4)	dersigned and Sailor agree to:  Be bound by Mentor Harbor Yachting Cl shirts are to be worn by gentlemen 12 a upstairs of the clubhouse. Cover ups an Waive any and all liability and release of hereafter acquire against Mentor Harbo volunteer personnel arising out of or rel Assume full responsibility for the risks o Be fully responsible for any injury to per undersigned or Sailor causes on Club Pr property resulting from the use of Ment or nearby waters.	and older after 6:00 p.m. unless other d shoes are required inside the cluble fany claim, including those for neglior Yachting Club and its directors, off lating to my use of the Mentor Harbor participation in boating and damarson or property, including but not live perty. Neither the Club nor its person	rwise waived; hats are no house at all times. gence, the undersigned n icers, employees, agents, or Yachting Club facilities ge to property or persons imited to motor vehicles a connel shall be liable for a	nay now have or may members and associate and vessels. and/or vessels, the ny injury to person or
direct Events death partic Party. Sailor releas arising	ition, the undersigned agrees that Me ors, employees, agents, volunteers, as ("Released Party" or collectively "the and/or property loss or damage suffe pation in the Events whether or not a By consenting to the participation of the and their respective heirs, successors, es the Released Parties from, any and a out of the Sailor's participation in the ence of a Released Party, to the fullest	well as all persons acting in a vol Released Parties"), shall not be re- ered by the Sailor or any third par- ny such liability is caused in whol the Sailor in the Events, the unde and assigns, hereby waives all cla all liability, including personal inj e Events, whether or not any such	unteer capacity regardies ponsible or liable for to the ty arising out of or relate or part by the neglige rsigned, himself/herself aims against the Releasury, death and property	ing the conduct of the the personal injury, ted to the Sailor's ence of a Released f and on behalf of the ed Parties for, and y damage claims
nature activit under	ver, the undersigned Parent and Sailor resulting from any intentional acts ar les of the Events, including all times be stand that in accordance with Rule 82 s shall be required by any party.	nd/or wrongful acts not directly r efore the start and after the activ	elated to the Sailor's pa ities of the Events for th	rticipation in the daily nat day. Parties hereto
	ndersigned gives permission for <b>photo</b> leased Parties and the Organizing Aut			discretion of MHYC,
	rovision of this agreement is unenforceating provisions of this agreement. This agr			
Signed	(Sailor):	Date:		
Signed	(Parent/Guardian):	Date:		
Parent	Guardian Name Printed			

Mailing Address:

## Emergency Medical Authorization Form MHYC June 10-11, 2017

Sailor Name:	Club:_	Club:		
Adult responsible <u>at event:</u>	Cell#: _			
This form enables parents/guardian participating in the USA Junior Olym	_ ,	ent for children who become ill or injured while		
PLEASE COMPLETE EITHER PART I	or PART II of this form.			
Date of Birth	Age MaleFemale	<u> </u>		
Home Address				
		le attempts will be made to contact the parents notified for transfer to the nearest hospital if		
(Parent or Guardian Name)	(Relationship)	(Cell Phone)		
(Parent or Guardian Name)	(Relationship)	(Cell Phone)		
(Parent or Guardian Name)	(Relationship)	(Cell Phone)		
The state of the s		Phone		
Allergies				
Current Medications				
Ongoing Medical Conditions or Phy	•	Date of last Tetanus shot		
MEDICAL INSURANCE INFORMAT	<b>ION</b> ( <u>optional</u> – this may assist staff in th	e 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 en	nergency medical treatment of my	child in the event of accident, illness, or injury.		
(Parent or Guardian Name)	(Date)			
PART II - REFUSAL TO CONSEN I do not give my consent for medical treat to take no action or to:		rted Part I) r injury requiring emergency treatment, I wish the instructor		
(Parent or Guardian Name)	 (Date)			