

Medical information:

++Use this page only if you are from outside the JSA of LIS area or not a current JSA member++

**If a member of a JSA of LIS junior program club, print your online JSA waiver and medical info form at <https://roster.jsalis.org/index.php> **

PARTICIPANT & MEDICAL INFORMATION

HOME ADDRESS _____

HOME PHONE (____) _____ FAX (____) _____ E-MAIL _____

DATE OF BIRTH _____ MALE / FEMALE

MOTHER'S NAME _____ FATHER'S NAME _____

MOTHER'S WORK PHONE (____) _____ HOME PHONE (____) _____ CELL PHONE (____) _____

FATHER'S WORK PHONE (____) _____ HOME PHONE (____) _____ CELL PHONE (____) _____

PHYSICIAN: _____ PHONE (____) _____ NAME OF INSURED _____

INSURANCE CO. _____ POLICY # _____ GROUP # _____

Chronic illness, medical conditions, allergies or medication being taken (Please list, or write none)

MEDICAL AUTHORIZATION

I hereby authorize an instructor from my Club or Program, or an adult who bears this document, to authorize emergency treatment for the Junior Sailor named above in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of the emergency.

Date _____ Signature of parent or guardian _____

** EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED:

_____	(____) _____	(____) _____	_____
Name	Home Phone	Work Phone	Relationship to Sailor

_____	(____) _____	(____) _____	_____
Name	Home Phone	Work Phone	Relationship to Sailor

2017 RACING CLINIC RESPONSIBILITY AGREEMENT

The undersigned is the Parent/Guardian of the Junior Sailor named above. As a requirement for the Junior Sailor's participation in the JSA of LIS Racing Clinic (the "Clinic") the undersigned, by and on behalf of himself/herself and the Junior Sailor, and their respective heirs, successors, and assigns, hereby agrees to the terms and conditions set forth below:

1. The sport of sailing and participation in the Clinic present certain inherent risks of physical harm as well as property loss. The undersigned acknowledges, accepts, and assumes these risks, and confirms that the Junior Sailor is participating in the Clinic voluntarily and solely at his/her own risk.
2. The undersigned hereby consents to the participation of the Junior Sailor in the Clinic, including without limitation, in all daytime and nighttime regattas, clinics, and other sailing and social activities and events, both on-water and on-land, that are part of, or related to the Clinic in accordance with this Agreement.

3. The undersigned further agrees that this Agreement shall apply in its entirety to the benefit of the Junior Sailing Association of Long Island Sound, Inc. ("the JSA") and the Stamford Yacht Club and the on-water and on-shore venues of the Clinic (collectively "Host Club") and the Oyster Bay Sailing Foundation (the "Sponsor) and to including without limitation, to their respective members, directors, employees, agents, volunteers, and flag officers.

RELEASE AND WAIVER

4. The undersigned agrees that the Clinic, the Host Club, the Sponsor and the JSA, and all of their respective members, officers, directors, employees, agents, volunteers, as well as all persons acting in a volunteer capacity regarding the conduct of the Clinic ("Released Party" or collectively "the Released Parties"), shall not be responsible or liable for the personal injury, death, and/or property loss or damage suffered by the Junior Sailor or any third party arising out of or related to the Junior Sailor's participation in the Clinic, whether or not any such liability is caused in whole or part by the negligence of a Released Party. By consenting to the participation of the Junior Sailor in the Clinic the undersigned, himself/herself and on behalf of the Junior Sailor and their respective heirs, successors, and assigns, hereby waives all claims against the Released Parties for, and releases the Released Parties from, any and all liability, including personal injury, death and property damage claims arising out of the Junior Sailor's participation in the Clinic whether or not any such liability is caused in whole or part by the negligence of a Released Party, to the fullest extent permitted by law.

5. The undersigned, himself/herself and on behalf of the Junior Sailor, and all heirs, successors, and assigns, hereby waives the right to sue the Released Parties for claims of any kind whatsoever, including without limitation, all claims based upon personal injury, death, and/or property loss or damage, arising out of or related to the Junior Sailor's participation in the Clinic whether or not any such claim is caused in whole or part by the negligence of a Released Party, and hereby releases and indemnifies the Released Parties from all liability and damages of whatsoever kind arising therefrom.

6. The undersigned gives permission for photographs and videos of the Junior Sailor to be used on the JSA website in the JSA's sole discretion.

I have thoroughly read and understand the 2017 JSA Waiver, Release and Medical Authorization By signing this document, I acknowledge the execution of this agreement and agree to each of the provisions listed above.

Name

Relationship to Sailor

Signature