

**RELEASE AND INDEMNITY AGREEMENT**

KNOW ALL MEN BY THESE PRESENTS:

That I, as parent or guardian of \_\_\_\_\_ (“My Child”) on behalf of my self, my spouse. My child and our respective heirs executors and administrators, for the consideration granted by Birmingham Sailing Club, Inc. of permitting My Child to participate in its Junior Sailing Program hereby assume all risks and hazards of My Child’s participation in the aforesaid activity including all activities incidental thereto such as traveling and dining; and further, do hereby release acquit and forever discharge Birmingham Sailing Club, Inc. (“BSC”), its officers, directors, governors, members, employees, adult supervisors of the activity, other participants, servants and agents from any and all actions, caused of action, claims, demands, losses, expenses, damages, cost and/or liabilities accruing now or to accrue to any one or more of me, my spouse, or My Child in the future on account of any known or unknown injury, loss or damage, whether direct or indirect, sustained by My Child in connection with or arising out of or occurring in or resulting from such participation by My Child in the said activity even though such injury, damage or loss is occasioned, caused, contributed to or brought about in whole or in part by the sole or concurring negligence of BSC, its officers, directors, governors, members, employees, adult supervisors of the activity, other participants, servants and agents. Further, I agree to indemnify and hold and save harmless BSC, its officers, directors, governors, members, employees, adult supervisors of the activity, other participants, servants, and agents from and against all claims, losses, costs, expenses, damages, liabilities or judgments, including reasonable attorneys’ fees incurred or sustained by them, or any of them, as a result of any injury, damage or loss to My Child sustained in connection with or arising out of or occurring in or resulting from his or her participation on the aforesaid activities. In the event that this Release and Indemnity Agreement is not signed by both parents or all guardians of My Child, I hereby represent that my consent to its terms and conditions binds such other parents or guardians and I understand that such consent of both of My Child’s parents or all of My Child’s guardians is an express condition to BSC’s permission for My Child to participate in the aforesaid activity.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**MEDICAL RESPONSE INFORMATION**  
**AND CONSENT FORM**

**MINOR'S FULL NAME:** \_\_\_\_\_ **Age** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**PEOPLE TO CONTACT IN CASE OF AN EMERGENCY:**

Father's name: \_\_\_\_\_ Home: \_\_\_\_\_ Office: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Home: \_\_\_\_\_ Office: \_\_\_\_\_

Other name: \_\_\_\_\_ Home: \_\_\_\_\_ Office: \_\_\_\_\_

(other person/relationship): \_\_\_\_\_

**FAMILY DOCTOR:**

**NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**FOR GROUP PLANS:**

Name of Parent in Group: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

**MEDICAL INFORMATION:**

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Regularly taken medications: \_\_\_\_\_

\_\_\_\_\_

Other information that may be helpful in case of an emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION AND CONSENT TO  
TREATMENT OF A MINOR**

I the undersigned parent/guardian (circle one) of \_\_\_\_\_  
(minor's full name) hereby consent to any medical and/or surgical treatment, diagnosis,  
anesthesia and hospital care which is deemed advisable by, and is to be rendered under  
the general and special supervision of , any physician licensed under the provisions of the  
law of the state in which said physician practices.

It is understood that this authorization and consent is given in advance of any specific  
diagnosis or need for treatment, but is provided to give authority to such physician and  
medical facilities in advance in the event that any such medical and/or surgical treatment,  
diagnosis, anesthesia or hospital care is deemed necessary by the above described  
physician.

I am aware that hospital procedures as well as the practice of medicine are not an exact  
science and I acknowledge that there is no guarantee expressed or implied as to the  
results of such diagnosis, examination or other procedures carried on by any such  
physician and/or hospital.

I acknowledge that the efforts of Birmingham Sailing Club and those acting on its behalf  
in connection with any such medical situation do not constitute an acceptance or  
acknowledgement by Birmingham Sailing Club or any such individual acting on its  
behalf of responsibility for the medical situation involved, the results of any such  
treatment or care, or financial responsibility for such treatment or care.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name Printed**