

## MEDICAL CONSENT FORM

Only completely filled in forms will be accepted. Double-handed skippers and crews must EACH complete and sign separate copies of this form.

NAME OF PARTICIPANT (print): \_\_\_\_\_

NAME OF PARENT OR GUARDIAN (print): \_\_\_\_\_

In the event of any accident or injury to me, or to the minor named above as the Participant, or in the event of my illness, or any illness of the minor named above as the Participant, while competing in a Youth Event or while on the premises of the Host Club/Organization, if I am unable to consent, or I as parent or guardian am not present:

1. I hereby voluntarily consent to the furnishing to myself, or to the minor named above, of emergency first aid and such other medical care and treatment by any hospital or physician(s) as the hospital or physician(s) deem necessary or advisable or necessary including without limitation, x-ray examination, anesthetic and diagnostic procedures.
2. I authorize any officer or member of the Host Club/Organization to consent to such medical care or treatment.
3. I agree to pay the cost of such medical care or treatment and to hold the Host Club/Organization and its officers and members harmless from liability for such cost.
4. I give this authorization in advance of any specific diagnosis, treatment or hospital care being required in order to provide authority to render such care as the physicians rendering such care may, in their best judgement, deem advisable.

Signature of Competitor (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

If the competitor is a minor: I understand that all efforts shall be made to contact me in the event of accident or injury to, or illness of, the minor named above, but medical care and treatment will not be withheld if I cannot be reached.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### IN CASE OF EMERGENCY CALL:

| NAME | RELATIONSHIP | PHONE NUMBER |
|------|--------------|--------------|
|      |              |              |
|      |              |              |

### PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

| NAME | PHONE NUMBER | DATE OF LAST EXAM |
|------|--------------|-------------------|
|      |              |                   |

| HEALTH INSURANCE COMPANY | INSURANCE ID NUMBER |
|--------------------------|---------------------|
|                          |                     |

**MEDICAL / EMERGENCY INFORMATION**

NAME: \_\_\_\_\_ GENDER \_\_\_\_\_ (M) \_\_\_\_\_ (F)

ADDRESS: \_\_\_\_\_  
*Street/P.O. Box*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

THE PARTICIPANT AND HIS / HER PARENTS MUST ANSWER THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE:

Please check those that apply: (Provide necessary details below)

| <b>CHRONIC AILMENTS:</b>     | <b>ALLERGIES:</b>               |  |
|------------------------------|---------------------------------|--|
| ASTHMA / RESPIRATORY         | BEE / WASP / INSECT BITES       |  |
| CIRCULATORY / HEART PROBLEMS | FOODS                           |  |
| DIABETES / HYPOGLYCEMIA      | LATEX                           |  |
| EPILEPSY / SEISURES          | MEDICATION                      |  |
| HEMOPHILIA / BLOOD DISORDERS | OTHER                           |  |
| OTHER                        | IF YES, DO YOU CARRY AN EPIPEN? |  |

CURRENT MEDICATIONS AND DOSAGE, IF ANY: \_\_\_\_\_  
\_\_\_\_\_

DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELEASE OF LIABILITY**

In consideration of the undersigned's participation in the GYA 420 CHAMPIONSHIP ("the Event") sponsored by GULF YACHTING ASSOCIATION, (the "Sponsor") and hosted by various Host Clubs/Organizations (the "Hosts") in the calendar year 2018, the undersigned participant ("Participant"), and if such Participant is a minor, the Participant's parent or legal guardian by countersigning below, on behalf of themselves and their respective heirs, executors, administrators, personal representatives and next of kin (collectively with Participant, "Releasers"), hereby forever waive, release and discharge each of the Sponsors, the Hosts and their respective parents, subsidiaries, affiliates, owners, members, managers, employees, officers, directors, agents, representatives, successors and assigns (each a "Released Party") from any and all claims, demands, damages, judgments, executions, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, which a Releaser may have, or claim to have, against any Released Party resulting from death, personal injury, property damage or other loss Releaser may sustain as a result of participating in the Event or other activities related thereto.

**THIS RELEASE IS INTENDED TO DISCHARGE EACH RELEASED PARTY FROM ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH RELEASOR'S PARTICIPATION IN THE EVENT EVEN IF THAT LIABILITY ARISES OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF ANY RELEASED PARTY, EXCEPT GROSS NEGLIGENCE OR INTENTIONAL ACTS, OF ANY OF THE RELEASED PARTIES.**

Releasers hereby acknowledge that serious accidents occasionally occur during sailing activities and that mortal or serious personal injuries and/or property damage or other loss may result from participation in the Event. Releasers knowingly assume all risks of participation in the Event, including all risk of personal injury and loss of or damage to the Releasers or their property, including further injury sustained as the result of the efforts of third parties who come to the aid of Releaser(s) if injured as a result of participation in the Event, and release all other persons and entities mentioned above who might otherwise be liable to Releasers. Releasers agree to abide by all rules of the Sponsors and the Host in connection with participation in the Event and understand that the failure to observe and obey such rules may result in instant revocation of Releaser's(s') right to participate in the Event.

Signature of Event Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**PARENT OR GUARDIANS FOR MINORS (IF UNDER 18 YEARS OF AGE)**

The undersigned parent and/or natural or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to release each and all of the Released Parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said Party(ies) because of any defect in or lack of such capacity to so act and release said Party(ies) on behalf of all Releasers as specified herein.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_