

Sailor Name: _____ School Name: _____

**WAIVER OF LIABILITY/RELEASE OF RISK
INTERSCHOLASTIC SAILING ASSOCIATION (ISSA)
SAISA SOUTH POINTS REGATTA SERIES -South Points 2**

As the parent/guardian of the above named student, I hereby acknowledge that Sailing is an activity that has an inherent risk of damage and injury. Competitors in this event are participating entirely at their own risk. See RRS 4, Decision to Race. The ISSA and race organizers US SAILING Center • Martin County will not be responsible for damage to any boat or other property or the injury to any competitor, including death, sustained as a result of participation in this event. By participating in this event, each competitor agrees to release the ISSA and race organizers from any and all liability associated with such competitor's participation in this event to the fullest extent permitted by law.

Date: _____

Signature: _____

Print Name: _____

Relation to Named Student: _____

Sailor Name: _____ **School Name:** _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

The undersigned parent or guardian of a minor does hereby consent to emergency X-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, or dentist under the Dental Practice Act. It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physicians in the exercise of their best judgment may deem advisable. It is understood that efforts shall be made to contact the undersigned or Emergency Contact prior to rendering treatment, but treatment will not be withheld if they cannot be reached.

1. Family Doctor: _____ Phone: _____

2. Emergency Contact: _____ Phone: _____

3. Medical Problems: _____

4. Known Allergies: _____

5. Hospital Insurance Plan Name/Number: _____

SIGNATURE (Parent or Legal Guardian): _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Phone (h): _____ (w): _____ (c): _____

Father's Phone (h): _____ (w): _____ (c): _____

U.S. SAILING CENTER OF MARTIN COUNTY, INC.

**ASSUMPTION AND ACKNOWLEDGEMENT OF RISKS,
RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT**

(This is a legally binding document – consult an attorney if you do not understand it)

In consideration of being allowed to utilize the boats, watercraft, equipment, dock, site and facilities (Amenities) of the U.S. Sailing Center of Martin County, Inc. (Sailing Center), and/or to participate in the Sailing Center programs, regattas, clinics, camps and activities (Programs), the undersigned, on behalf of himself/herself and his/her minor child(ren) who utilize the Amenities and/or participate in the Programs, acknowledges and agrees as follows:

1. To be respectful of the Amenities of the Sailing Center, treat them with care, and bring to the attention of the Sailing Center staff any damage or irregularities which occur during use or are observed.
2. To return all boats, watercraft and equipment following use in the same condition as when taken out, ordinary wear and tear excepted; to secure the boat or watercraft and stow equipment as directed.
3. To be financially responsible for any damage caused to the Amenities by the undersigned or his/her minor child(ren) and to indemnify the Sailing Center for any loss related thereto.
4. Understands that sailing and boating involves risk. Competing in races enhances that risk. Injuries occur. Paralysis or death is possible. The undersigned agrees to take all precautions to minimize such risks, and inspect boats, watercraft and equipment before use and not use any which appear unsafe. He/she agrees to operate all boats and watercraft in a safe and responsible manner, and wear a personal flotation device (PFD) and have his/her child(ren) wear PFD's while on board boats and watercraft.
5. The undersigned assumes all risks of use of the Amenities and participating in Programs, and agrees to hold the Sailing Center harmless from any injuries or death should they occur to the undersigned or his/her child(ren) while utilizing the Amenities or participating in the Programs.
6. The undersigned hereby releases the Sailing Center, its officers, directors, employees, agents, volunteers and members from all liability and claims related to the utilization of Amenities or participation in Programs of the undersigned or his/her child(ren).
7. This release of liability and assumption of risk agreement is entered into freely and voluntarily. The undersigned waives any claim or assertion of liability against the Sailing Center, its officers, directors, employees, agents, volunteers and members, even if such claim arises from the negligence, oversight or omission by them or any of them. This means that you cannot assert a claim or file a lawsuit against them for money damages or other compensation if you or your child(ren) are injured while utilizing the Amenities or participating in the Programs.
8. I or my child(ren) has/have the following physical impairment or medical condition that the staff should know about and that may need accommodation:
[] None [] As described/accommodation needed: _____

I certify that I have read, understand and agree to the foregoing, and that I and my participating minor children, and our heirs, next of kin, estates, personal representatives and assigns are legally bound thereby.

Date: _____

High School Student Participant Name: _____ (print)

Signature High School Student Participant _____

Signature of Parent/Guardian if program participant/guest is under 18: _____

Print Name of Parent/Guardian _____