

**AUGUSTA SAILING CLUB - Medical Consent and Waivers**

**Medical Consent Form**

Name of Participant (printed): \_\_\_\_\_

Name of Parent or Guardian (printed): \_\_\_\_\_

In the event of accident or injury to myself, my spouse, or any child of mine (specifically including my child named below as the "participant") or in the event of illness of myself, my spouse, or any child of mine while in, on, or about the premises of the Augusta Sailing Club or while participating in any activity sponsored by or under the auspices of said club under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself, my spouse or any of my said children of such medical care, attention and treatment by any hospital, physician, or physicians as such hospital, physician, or physicians may deem necessary or advisable.
2. I authorize any officer or member of the Augusta Sailing Club to consent to such medical care, attention, or treatment.
3. I agree to pay the reasonable cost of such medical care, attention, or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the Augusta Sailing Club and the United States Sailing Association and its officers and members thereof.

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the State Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

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

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In Case of Emergency Call:

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Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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Physician who conducted camp participant's most recent physical examination:

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Name	Date of Exam	Phone Number
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Health Care Provider: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

Medical Information

Blood type \_\_\_\_\_

Tetanus shots up to date \_\_\_\_\_ Date Last Inoculation \_\_\_\_\_

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

Allergies \_\_\_\_\_

Any Current Medications \_\_\_\_\_

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**Waiver, Release, and Indemnity Agreement**

For and in consideration of permitting (participant's name) \_\_\_\_\_ to enroll in and participate in activities and class instruction of Summer Sailing Camp, given by the Augusta Sailing Club, Inc., in the City of Appling, County of Columbia, and State of Georgia, beginning on the \_\_\_\_\_, the undersigned hereby voluntarily releases, discharges, waives, and relinquishes any and all actions of causes of action for personal injury, property damage, or wrongful death occurring to him/herself arising as a result of engaging in, receiving instructions in said activities incidental thereto, understanding that sailing is a water sport and therefore subject to hazards or injuries pertaining to but not limited to elements of weather, water, and boating, wherever or however the same may occur and for whatever period said activities or instructions may continue, and the undersigned does for him/herself, his/her heirs, executors, administrators, and assigns hereby release, waive, discharge, and relinquish any action of causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators, and assigns prosecute, present and claim for personal injury, property damage, or wrongful death against the Augusta Sailing Club or any of its officers, agents, servants, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons or otherwise.

IT IS THE INTENTION OF (1) (parent/guardian name) \_\_\_\_\_ BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE (2) AUGUSTA SAILING CLUB, INC. FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The undersigned, for him/herself, his/her heir, executor, administrators or assigns, agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against (2) Augusta Sailing Club, Inc., he/she shall indemnify and save harmless the Augusta Sailing Club, Inc. from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage, or wrongful death.

The undersigned acknowledges that he/she has read the foregoing two paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and instructing of sailing, and is fully aware of the legal consequences of signing the within instrument.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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### Photograph and Video Release

I hereby grant permission for Augusta Sailing Club to use photos or videos of my child for promotional purposes without payment or any other consideration to Augusta Sailing Club. I understand that my child's image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product. Additionally, I waive the right to royalties or other compensation arising or related to the use of my child's image or recording. I also understand that this material may be used in diverse settings within an unrestricted geographic area. By signing this release, I understand that photographic or video recordings of my child may be electronically displayed via the Internet or in a public setting. There is neither time limit for the validity of this release nor any geographic limitation on where these materials may be distributed. This release applies to photographic, audio, or video recordings, including digital images collected as part of Augusta Sailing Club promotional efforts. By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against Augusta Sailing Club.

Child's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Pick-Up Authorization Form**

Name of Participant(s): \_\_\_\_\_

Camp Dates: \_\_\_\_\_

I hereby authorize the following person(s) to pick up my child from camp:  
(Please include yourself and any others that have permission to pick up your child.)

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

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**The following persons may not remove my child from camp:**

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

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