

2020 MPYC Club Laser Championship and Day 2 of the D24 Championships

September 20, 2020 Monterey Peninsula Yacht Club Monterey, California

PARENTAL RELEASE AND MEDICAL WAIVER

RELEASE: The undersigned parent an/or natural or legal guardian does hereby represent that he/ she is, in fact, acting in such capacity and agrees to release the race organizers (organizing authority, race committee, protest committee, host club, sponsors, or any other organization or official) from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said Party/Parties because of any defect in or lack of such capacity to act and release said Party/Parties on behalf of all Releasors as specified herein. Parent or Guardian Print Name: Parent or Guardian Signature: Date: MEDICAL WAIVER: As the parent and/or natural or legal guardian of the minor named above, I give permission to administer any necessary medical treatment in the event of an injury or accident. Parent or Guardian Print Name: Parent or Guardian Signature: Date: Parent or Guardian Contact Information:	Competitor's Name:
Parent or Guardian Signature: Date: MEDICAL WAIVER: As the parent and/or natural or legal guardian of the minor named above, I give permission to administer any necessary medical treatment in the event of an injury or accident. Parent or Guardian Print Name: Parent or Guardian Signature: Date: Parent or Guardian Contact Information:	RELEASE: The undersigned parent an/or natural or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to release the race organizers (organizing authority, race committee, protest committee, host club, sponsors, or any other organization or official) from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said Party/Parties because of any defect in or lack of such capacity to act and release said Party/Parties on behalf of all Releasors as specified herein.
Parent or Guardian Signature: Date: MEDICAL WAIVER: As the parent and/or natural or legal guardian of the minor named above, I give permission to administer any necessary medical treatment in the event of an injury or accident. Parent or Guardian Print Name: Parent or Guardian Signature: Date: Parent or Guardian Contact Information:	Parent or Guardian Print Name:
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Date:Parent or Guardian Contact Information:	Parent or Guardian Signature:
	Parent or Guardian Contact Information:
Home Phone: Work/Cell Phone:	Home Phone: Work/Cell Phone:
In case of emergency, whom else should we contact:	
Name: Home/Cell Phone:	Name: Home/Cell Phone: