



Waiver Document
16th Annual
LAUDERDALE YACHT CLUB TROPHY
International Optimist Team Racing Championship
October 23-24, 2021

Sailor's Name: _____ Date of Birth: _____ Sex: M F

IN CONSIDERATION OF THE ACCEPTANCE OF MY ENTRY:

I agree to be bound by the current edition of the *Racing Rules of Sailing* and all other rules that govern this event. I understand that my safety and the safety of my boat and the decision whether or not to start or continue to race are my responsibility and not that of the Lauderdale Yacht Club. I hereby warrant that my boat will be outfitted, equipped and handled in accordance with those Rules and Conditions, that she will have all required equipment aboard, that she will be seaworthy in hull, rig and gear, and that she will be competently manned. I do for myself, my executors or administrators, heirs and assigns, waive any and all claims as may accrue to me or them against the Lauderdale Yacht Club, its Race Committee, its Officers, Governors, members, employees and agents and any one or more of them arising out of my participation in this regatta, or arising from any related activities. I do further agree to and do hereby indemnify the aforesaid organizations and persons from any claim, demand of judgment, including costs of attorney's fees and expenses incurred in defense of such claims, caused or brought by a guest or crew member of any boat or their executors, administrators, heirs, next of kin and assigns arising out of my participation in this regatta or any related activity.

Parent or Guardian Emergency Treatment Authorization:

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child named as the "Sailor") or in the event of illness of myself, my spouse or any child of mine while in, on or about the premises of the Lauderdale Yacht Club or while participating in any activity sponsored by or under the auspices of the Lauderdale Yacht 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 Lauderdale Yacht 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 Lauderdale Yacht Club 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 treatments will not be withheld if the undersigned cannot be reached.

PHOTOGRAPHY CONSENT:

By entering the Championships competitors accept that they may be photographed and/or videotaped participating in the race and/or using the Lauderdale Yacht Club facilities and they consent to the taking of such images and to the use, reuse, publication and republication of such images in any media, in conjunction with the competitors name or not, without compensation and without the competitor's approval of such images or any use thereof.

Signed this _____ day of _____, 2021.

Parent or Guardian (print name)

Signature