

PORT ARTHUR YACHT CLUB MEDICAL CONSENT and LIABILITY RELEASE AGREEMENT

In the event of accident, injury or illness involving any child of mine at PORT ARTHUR YACHT 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 authorize and consent to the furnishing to myself, my spouse, or any child of mine of such medical care, attention, and treatment by any hospital, physician or dentist as such hospital, physician or dentist may deem necessary or advisable, including any x-ray examination, anesthetic, medical, or surgical diagnosis or procedure.
2. I authorize any adult associated with the activity to consent to such medical care, attention and 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 assisting adult, the PORT ARTHUR YACHT CLUB and the officers, employees and members of PORT ARTHUR YACHT CLUB.

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.

I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care providers. This consent shall be valid for one (1) year from the date of signing.

LIABILITY RELEASE AGREEMENT

IN CONSIDERATION OF ACCEPTANCE OF MY CHILD'S REGISTRATION TO PARTICIPATE IN THE REGATTA AND, RECOGNIZING THE RISKS ASSOCIATED WITH THE SPORT OF SAILING, THE UNDERSIGNED HEREBY WAIVES ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE AND HEREBY RELEASES PORT ARTHUR YACHT CLUB, ALL OF THEIR DIRECTORS, OFFICERS, MEMBERS, EMPLOYEES, AND THE CAMP VOLUNTEERS AND SPONSORS, OF AND FROM ANY AND ALL CLAIMS AND LIABILITIES OF WHATEVER KIND, INCLUDING THOSE OF NEGLIGENCE AND GROSS NEGLIGENCE, WHICH I OR MY CHILD MIGHT HAVE, ARISING OUT OF MY CHILD'S PARTICIPATION IN THE PAYC JUNIOR SAILING CAMP AND ALL ACTIVITIES RELATING THERETO.

I agree to the above:

SIGNATURE: _____ Date: _____

CONTACT INFORMATION: _____
