



MEDICAL RELEASE: I hereby consent to the rendering of emergency first aid and other medical procedures that at the time of injury or illness seem reasonably advisable. I further understand that I will be responsible for payment of any such medical procedures. In consideration of the acceptance of my entry, I hereby agree to abide by all applicable rules and regulations and codes of the US SAILING CENTER OF MARTIN COUNTY (USSCMC) and/or the same as may be adopted by the USSCMC for this USSCMC SUMMER SAILING CAMP.

Participant's name: _____
Please Print

Parent or Guardian Name: _____
Please Print

Signature of Parent or Guardian: _____

Date: _____