

MEDICAL CONSENT FORM AND LIABILITY RELEASE AGREEMENT

NAME OF COMPETITOR: _____ AGE: _____

(If under Age18) NAME OF PARENT/GUARDIAN (printed): _____

HOME ADDRESS: _____

TELEPHONE NO: _____ CELL PHONE: _____

In the event of accident, injury or illness involving me, or if applicable, a child of mine named above as the "Competitor," while in, on, or about the premises of a Texas Corinthian Yacht Club ("TCYC") or while participating in any regatta or activity sponsored by or under the auspices of TCYC 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, 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, TCYC, and its officers, employees and members of said TCYC.

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.

ALTERNATIVE PERSON TO CONTACT:

NAME	RELATIONSHIP	PHONE NUMBER

ATTACH COPY OF HEALTH INSURANCE CARD, OR COMPLETE THE FOLLOWING:

HEALTH INSURANCE CARRIER	INSURANCE ID NO.	NAME OF INSURED

PHONE NO. FOR VERIFICATION	CLAIMS MAILING ADDRESS

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 through the regatta in which the Competitor is utilizing the premises of TCYC and continue one-week thereafter.

SIGNATURE OF COMPETITOR OR PARENT/GUARDIAN: _____ **DATE:** _____

LIABILITY RELEASE AGREEMENT

IN CONSIDERATION OF ACCEPTANCE OF MY 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 THE TEXAS CORINTHIAN YACHT CLUB, AND ITS DIRECTORS, OFFICERS, MEMBERS, EMPLOYEES, AND THE REGATTA OFFICERS, VOLUNTEERS AND SPONSORS, OF AND FROM ANY AND ALL CLAIMS, INCLUDING THOSE OF NEGLIGENCE AND GROSS NEGLIGENCE, WHICH I OR MY CHILD MIGHT HAVE, ARISING OUT OF MY AND/OR MY CHILD'S PARTICIPATION IN THE REGATTA AND ALL ACTIVITIES RELATING THERETO.

SIGNATURE OF COMPETITOR OR PARENT/GUARDIAN: _____ **DATE:** _____