

TOMS RIVER YACHT CLUB

1 464 RIVIERA • TOMS RIVER, NJ 08753

Minor Competitor's Name: _____

Emergency Contact: If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____ Phone: _____ Relationship: _____

Photo Release: I hereby give permission for the above-named First Mate to be photographed for publicity purposes.

Medical Release: I understand Junior Sailing and Regattas include activities on water, vessels and nearby docks and grounds. I am cognizant of the inherent dangers, hazards and risks of sailing and water. I attest that the minor sailor's health is adequate to participate safely in this regatta. If a Parent/Guardian cannot be reached in case of an emergency, I hereby give permission to the Regatta staff and/or another parent of a Thistle sailor to transport this minor competitor to/from a doctor and/or hospital for treatment. I authorize all hospital care and medical, surgical, and diagnostic procedures which may be performed or prescribed by a licensed physician or hospital, when efforts to contact me are unsuccessful, and when deemed immediately necessary or advisable by the physician to safeguard this minor competitor. I waive my right of informed consent to such treatment.

PLEASE LIST ANY ALLERGIES OR IMPORTANT MEDICAL INFORMATION:

Release of Liability: I agree to defend, indemnify, and hold harmless the Toms River Yacht Club and its officers, operators, agents and employees and volunteers (individually and collectively, the "Indemnified Parties") against any and all claims, damages, fees, expenses and costs, including attorney's fees, which may be made against, incurred by, or imposed upon the Indemnified Parties arising from or in connection with the 2024 Thistle Women's and Juniors Championship. This release is to be interpreted and enforced under New Jersey law. I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my voluntary act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AGREEMENT BY READING IT BEFORE I SIGNED IT.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Print Full Name: _____