

Niagara Sailing Club – 2025 Junior Sailing Program

Medical Release, Risk Acknowledgment, and Liability Waiver Form

Participant Name (Minor): _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

1. Medical Release and Emergency Consent

I, the undersigned parent or legal guardian of the above-named minor child, hereby gives permission for my child to participate in the 2025 Niagara Sailing Club Junior Sailing Program (“Program”).

I certify that my child is in good physical condition and has no known medical condition, disability, or impairment that would prevent them from participating safely in the Program. I agree to instruct my child to comply with the directions and instructions of the volunteer instructors and club members responsible for the Program.

In the event of a medical emergency, I authorize the Niagara Sailing Club (“NSC”) to arrange for any necessary and appropriate medical treatment for my child and consent to their transport to the nearest appropriate medical facility. I understand that I am responsible for all medical expenses and emergency transportation costs incurred on behalf of my child. I further acknowledge that my child is covered by valid medical insurance.

I understand that participation in group activities may expose my child to illness, including COVID-19 and other communicable diseases, and I accept this risk.

2. Risk Acknowledgment and Assumption of Liability

I, the undersigned parent or legal guardian of the minor child named above, recognize and acknowledge that the purpose of the Niagara Sailing Club (NSC) Junior Sailing Program is to instruct participants in water safety and proper sailing techniques.

I understand that by allowing my child to participate in these lessons, my child is expected to follow the rules and directions of the adult volunteers and to exercise common sense. Even with such supervision and care, I acknowledge that sailing, boating, and related water activities involve **inherent risks** that cannot be entirely eliminated. These risks include, but are not limited to, collisions, capsizing, equipment failure, exposure to weather conditions, and drowning, all of which may result in serious personal injury, illness, or death.

I freely and voluntarily accept and assume all known and unknown risks associated with my child's participation in the NSC Junior Sailing Program. On behalf of myself, my child, and our respective heirs, executors, administrators, and assigns, I hereby agree to:

- **Release, waive, discharge, and covenant not to sue** the Niagara Sailing Club, its directors, officers, members, agents, volunteers, instructors, and sponsors of the Program (the "Indemnified Parties");
- **Indemnify and hold harmless** the Indemnified Parties from any and all liability, claims, demands, actions, causes of action, losses, or damages arising out of or in connection with my child's participation (or my volunteer participation, if applicable) in the Program—whether caused by the negligence or actions of the Indemnified Parties or otherwise—to the fullest extent permitted by law.

3. Emergency Contact and Medical Information

Emergency Contact Name: _____

Relationship to Participant: _____

Emergency Contact Phone Number: _____

Secondary Emergency Contact (Optional): _____

Phone Number: _____

Known Allergies:

Medical Conditions or Medications:

4. Acknowledgment and Signature

By signing below, I acknowledge that I have read and understood this Medical Release, Risk Acknowledgment, and Liability Waiver Form. I agree to all terms stated herein.

Parent/Guardian Signature: _____

Date: _____