



**Medical Authorization, Photographic Waiver  
and Assumption of the Risk Liability Waiver**

**THIS FORM MUST BE COMPLETED PERSONALLY AND VOLUNTARILY BY A PARENT OR LEGAL GUARDIAN  
OF THE MINOR NAMED BELOW FOR PARTICIPATION IN THE EVENT**

**(Boats competing with minors onboard without completed waiver at Piers Park  
Sailing Center before leaving dock may invalidate a boat's entry.)**

Minor's Name \_\_\_\_\_  
Boat Type \_\_\_\_\_ Boat or Skipper's Name \_\_\_\_\_  
Parent or Legal Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Relationship \_\_\_\_\_  
Emergency Contact Cell Phone \_\_\_\_\_  
Emergency Contact Alternative Phone \_\_\_\_\_  
Person Responsible for Child at Regatta \_\_\_\_\_  
Issues or allergies which medical personnel should be aware of \_\_\_\_\_  
\_\_\_\_\_

**I acknowledge and accept the following statement:**

**MEDICAL AUTHORIZATION**

I, the above listed parent or legal guardian of the above listed competitor(s), minor(s), do hereby authorize and consent to such medical or dental treatment services or care which are necessary or appropriate for my child(ren), including the selection of medical personnel and facilities and transportation or transfer of my child(ren) to such facilities and in connection with such treatment, services and/or care, to authorize and consent in my name and on my behalf to such emergency or necessary surgery, diagnostic or corrective, as they may determine to be necessary for the life, health or well being of my child(ren), after reasonable consultation with duly licensed physicians, surgeons and /or dentists. It is understood that reasonable effort shall be made to contact the undersigned prior to rendering treatment of my child(ren) but that any of the above treatment will not be withheld if the undersigned cannot be reached.

**PHOTOGRAPHIC WAIVER**

Furthermore, I understand that by my child(ren) participating in Piers Park Sailing Center events, I automatically grant to the Organizing Authority and its sponsors the right in perpetuity to make, use and show, from time to time at their discretion, any motion pictures and live, taped or filmed television and other reproductions of him or her or them during the period of the competition without compensation.

**ASSUMPTION OF THE RISK**

I, the above listed parent or legal guardian of the above listed competitor(s) acknowledge that our child(ren) intends to participate in some or all of the Piers Park Sailing Center events either as a youth competitor or as a crew member aboard an entered boat in a regatta or Piers Park Sailing Center racing series, listed in the following during the period from July 2010 – November 2010. 2010 regattas include the Area A Sears Eliminations (July 15-16). The undersigned specifically asserts that the minor(s)-competitor(s) will comply with the RRS of Sailing and rules and regulations of the event. I will make certain that my child(ren) is provided with a Coast Guard approved life jacket and will wear it at all times while on the docks or on the water. I am aware that participation in a sailing event presents the risk of serious injury and even death. I acknowledge that the risks exist and assume said risks with respect to practicing or participating in a Sail Newport sailing event either on the water, on the docks or on shore.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or present original to Bobby Martin, Piers Park Sailing Center, 95 Marginal St. East Boston, MA 02128. Forms may be fax'd to 617-561-0564 but must also be submitted with original signature immediately upon returning to shore.

Fax: 617-561-0564

Mail: 95 Marginal St East Boston, MA 02128