

RELEASE OF LIABILITY

In consideration of the undersigned's participation in the Area D U.S.Singlehanded Championship sponsored by US SAILING, and hosted by the Davis Island Yacht Club on 2-3 April, 2011 the undersigned participant, and if such Participant is a minor, the Participant's parent or legal guardian by countersigning below, on behalf of themselves and their respective heirs, executors, administrators, personal representatives and next of kin hereby forever waive, release and discharge each of the Sponsors, the Host and their respective parents, subsidiaries, affiliates, owners, members, managers, employees, officers, directors, agents, representatives, successors and assigns from any and all claims, demands, damages, judgments, executions, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, which a Releasor may have, or claim to have, against any Released Party resulting from death, personal injury, property damage or other loss Releasor may sustain as a result of participating in the Regatta or other activities related thereto.

THIS RELEASE IS INTENDED TO DISCHARGE EACH RELEASED PARTY FROM ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH RELEASOR'S PARTICIPATION IN THE REGATTA EVEN IF THAT LIABILITY ARISES OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF ANY RELEASED PARTY.

Releasors hereby acknowledge that serious accidents occasionally occur during sailing activities and that mortal or serious personal injuries and/or property damage or other loss may result from participation in the Regatta. Releasors knowingly assume all risks of participation in the Regatta, including all risk of personal injury and loss of or damage to the Releasors or their property, including further injury sustained as the result of the efforts of third parties who come to the aid of Releasor(s) if injured as a result of participation in the Regatta, and release all other persons and entities mentioned above who might otherwise be liable to Releasors. Releasors agree to abide by all rules of the Sponsors and the Host in connection with participation in the Regatta and understand that the failure to observe and obey such rules may result in instant revocation of Releaor's(s') right to participate in the Regatta.

Signature of Regatta Participant:	
	Print Name:
The undersigned parent and/or racting in such capacity and agree all liability, loss, cost, claim or definition of the control of the cost, claim or definition of the cost, cost, claim or definition of the cost, and	OR MINORS (UNDER 18 YEARS OF AGE) natural or legal guardian does hereby represent that he/she is, in fact, es to release each and all of the Released Parties referred to above from amage whatsoever which may be imposed upon said Party(ies) because apacity to so act and release said Party(ies) on behalf of all Releasors as
Signature of Parent/Legal Guardia	an:
Print Name:	Date:



DEPICTION RELEASE

The signed consent form MUST be on file in order to complete registration. One must be on file for each sailor.

In consideration for my participation in the Area D Singlehanded Championship event sponsored by US SAILING, and hosted by Davis Island Yacht Club on 2-3 April 2011, the undersigned participant and if such Participant is a minor, the Participant's parent or legal guardian by countersigning below ("Parent/ Guardian"), hereby grant to the Sponsors and the Host, perpetually and irrevocably, the unconditional and exclusive right, title and interest throughout the world to use, simulate and portray Participant's name, likeness, voice, personality, personal identification, and personal experiences, incidents, situations and events, whether visual and/or audio, including without limitation photographs, videotape, film and other recordings, electronic or optical-based media, or any other form or medium whatsoever, whether now or hereafter existing, and of every kind and character (collectively "The Images"), which may be taken or taken of Participant while participating in any aspect of the Regatta. Participant and Parent/Guardian understand and agree that one or more of the Sponsors and/or Host will be the owner(s) of any and all right, title and interest in and to the Images, in any derivative works, and in any merchandising, advertising, promotional and publicity rights and materials related thereto in all media of every nature whatsoever, whether now known or hereafter devised. Participant reserves no rights with respect to such uses. Participant and Parent/Guardian acknowledge the Sponsors' and the Host's right, title and interest in and advertisement, promotion, distribution and sale of products or events directly or indirectly related to the Regatta and/or yacht racing. Participant and Parent/Guardian agree that the Sponsors and the Host shall have unlimited right to vary, change, alter, modify, add to, and delete from any depictions of Participant in the Images and to rearrange and/or transpose such depictions as each may determine. Participant and Parent/ Guardian hereby waive any right to inspect, review or approve the Images and their use by the Sponsors and the Host and acknowledge that they are to receive no payment with respect to any matter referred to herein and that any and all of the rights granted herein are freely assignable by Sponsors and/or Host.

PARTICIPANT AND PARENT/GUARDIAN, ON BEHALF OF THEMSELVES AND THEIR RESPECTIVE HEIRS, EXECUTORS, ADMINISTRATORS, PERSONAL REPRESENTATIVES AND NEXT OF KIN (COLLECTIVELY, "RELEASERS"), HEREBY FOREVER WAIVE, RELEASE AND DISCHARGE EACH OF THE SPONSORS, THE HOST AND THEIR RESPECTIVE PARENTS, SUBSIDIARIES, AFFILIATES, OWNERS, MEMBERS, MANAGERS. EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, SUCCESSORS, ASSIGNS AND REPRESENTATIVES (EACH A "RELEASED PARTY") FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION THAT RELEASORS MIGHT NOW OR HEREAFTER HAVE FOR LIBEL, DEFAMATION, INVASION OF PRIVACY, RIGHT OF PUBLICITY, INFRINGEMENT OF COPYRIGHT OR TRADEMARK, OR VIOLATION OF ANY OTHER RIGHT ARISING OUT OF OR RELATING TO ANY UTILIZATION OF THE RIGHTS GRANTED UNDER THIS DEPICTION RELEASE.

NAME (print)	DATE
capacity and agrees to release each and all of the R	an does hereby represent that he/she is, in fact, acting in such eleased Parties referred to above from all liability, loss, cost, upon said Party(ies) because of any defect in or lack of such
PARENT OR GUARDIAN (Signature):PARENT/GUARDIAN NAME (Printed):	



MEDICAL CONSENT FORM

Each participant must complete and sign a copy of this form. Please fill it out completely. Incomplete forms will not be accepted. *Mail this form postmarked no later than March 31, 2011*.

NAME	OF PARTICIPANT:					
NAME	OF PARENT OR GUARDIA	N (if under 18)				
spouse of in any a	or any child of mine while in,	on or about the premises o the auspices of the Davis	f the Davis Islan	n the event of illness of myself, my d Yacht Club or while participating ub under circumstances where I am		
1.	I hereby voluntarily consent to the furnishing to myself, my spouse or any of my said children of such medical care, attention and treatment by any hospital, physician or physicians as such hospital, physician or physicians may deem necessary or advisable.					
2.	I authorize the General Manager, Assistant General Manager or any officer or member of the Davis Island Yacht Club to consent to such medical care, attention or treatment.					
3.	I agree to pay all costs of such medical care, attention or treatment and to hold free and harmless of and from any and all liability for such cost the Davis Island Yacht Club, the United States Sailing Association and the officers and members of each.					
procedur the State understo but is gir judgmen treatmen	re rendered under the general or e of Florida or of any hospital ho bod that this authorization is giv ven to provide authority and po at may deem advisable. It is un at to the patient, but that any of the	specific supervision of any olding a current operating ce en in advance of any specific ower to render care which the inderstood that effort shall the above treatment will not	member of the m rtificate issued by ic diagnosis, treate a forementioned be made to contact	netic, medical or surgical diagnosis or edical staff or of a dentist licensed by the State Department of Health. It is to the tor hospital care being required a physician in the exercise of his best of the undersigned prior to rendering undersigned cannot be reached. Date:		
IN CASE OF EMERGENCY CALL:						
	NAME	RELATIONSHIP		PHONE NUMBER		
PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:						
NAME PHONE NUM		BER	DATE OF LAST EXAM			
HEALTH INSURANCE CARRIER		INSURANCE ID NUMBER				

PLEASE FILL OUT THE REVERSE SIDE



MEDICAL AND EMERGENCY INFORMATION

CHRONIC AILMENTS: ASTHMA, OR OTHER RESPIRATORY PROBLEMS DIABETES OR HYPOGLYCEMIA HEMOPHILIA, OR OTHER BLEEDING PROBLEMS CIRCULATORY OR HEART PROBLEMS EPILEPSY/ SEIZURE OTHER DATE OF LAST TETANUS/ DIPTHERIA/ TOXOID SHOT: CURRENT MEDICATIONS AND DOSAGE IF ANY:	Competitor's name:	Male or Female			
Telephone	Address:				
THE PARTICIPANT AND/OR THEIR PARENT(S) MUST RESPOND TO THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE: Please check those that apply: (Provide necessary details below) CHRONIC AILMENTS: ALLERGIES: ASTHMA, OR OTHER RESPIRATORY PROBLEMS MEDICATION (please list below) DIABETES OR HYPOGLYCEMIA LATEX HEMOPHILIA, OR OTHER BLEEDING PROBLEMS BEE STINGS/INSECT BITES CIRCULATORY OR HEART PROBLEMS IF YES, DO YOU CARRY AN EPIPEN? EPILEPSY/ SEIZURE FOODS OTHER DATE OF LAST TETANUS/ DIPTHERIA/ TOXOID SHOT: CURRENT MEDICATIONS AND DOSAGE IF ANY: CURRENT MEDICATIONS AND DOSAGE IF ANY:	City/State/Zip:				
QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE: Please check those that apply: (Provide necessary details below) CHRONIC AILMENTS: ALLERGIES: ASTHMA, OR OTHER RESPIRATORY PROBLEMS DIABETES OR HYPOGLYCEMIA HEMOPHILIA, OR OTHER BLEEDING PROBLEMS CIRCULATORY OR HEART PROBLEMS EPILEPSY/ SEIZURE OTHER DATE OF LAST TETANUS/ DIPTHERIA/ TOXOID SHOT: CURRENT MEDICATIONS AND DOSAGE IF ANY:	Telephone(home)	(Emergency cell) Date of Birth:			
ASTHMA, OR OTHER RESPIRATORY PROBLEMS DIABETES OR HYPOGLYCEMIA HEMOPHILIA, OR OTHER BLEEDING PROBLEMS CIRCULATORY OR HEART PROBLEMS EPILEPSY/ SEIZURE OTHER DATE OF LAST TETANUS/ DIPTHERIA/ TOXOID SHOT: CURRENT MEDICATIONS AND DOSAGE IF ANY:					
ASTHMA, OR OTHER RESPIRATORY PROBLEMS DIABETES OR HYPOGLYCEMIA HEMOPHILIA, OR OTHER BLEEDING PROBLEMS CIRCULATORY OR HEART PROBLEMS EPILEPSY/ SEIZURE OTHER DATE OF LAST TETANUS/ DIPTHERIA/ TOXOID SHOT: CURRENT MEDICATIONS AND DOSAGE IF ANY:	Please check those that apply: (Provide necessary details below	v)			
DIABETES OR HYPOGLYCEMIA HEMOPHILIA, OR OTHER BLEEDING PROBLEMS CIRCULATORY OR HEART PROBLEMS EPILEPSY/ SEIZURE OTHER DATE OF LAST TETANUS/ DIPTHERIA/ TOXOID SHOT: CURRENT MEDICATIONS AND DOSAGE IF ANY:	CHRONIC AILMENTS:	ALLERGIES:			
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS CIRCULATORY OR HEART PROBLEMS EPILEPSY/ SEIZURE OTHER DATE OF LAST TETANUS/ DIPTHERIA/ TOXOID SHOT: CURRENT MEDICATIONS AND DOSAGE IF ANY:	ASTHMA, OR OTHER RESPIRATORY PROBLEMS	MEDICATION (please list below)			
CIRCULATORY OR HEART PROBLEMS EPILEPSY/ SEIZURE OTHER DATE OF LAST TETANUS/ DIPTHERIA/ TOXOID SHOT: CURRENT MEDICATIONS AND DOSAGE IF ANY:	DIABETES OR HYPOGLYCEMIA	LATEX			
EPILEPSY/ SEIZURE FOODS OTHER OTHER DATE OF LAST TETANUS/ DIPTHERIA/ TOXOID SHOT: CURRENT MEDICATIONS AND DOSAGE IF ANY:	HEMOPHILIA, OR OTHER BLEEDING PROBLEMS	BEE STINGS/INSECT BITES			
OTHER OTHER DATE OF LAST TETANUS/ DIPTHERIA/ TOXOID SHOT: CURRENT MEDICATIONS AND DOSAGE IF ANY:	CIRCULATORY OR HEART PROBLEMS	IF YES, DO YOU CARRY AN EPIPEN?			
DATE OF LAST TETANUS/ DIPTHERIA/ TOXOID SHOT: CURRENT MEDICATIONS AND DOSAGE IF ANY:	EPILEPSY/ SEIZURE	FOODS			
CURRENT MEDICATIONS AND DOSAGE IF ANY:	OTHER	OTHER			
CURRENT MEDICATIONS AND DOSAGE IF ANY: DETAILS:	DATE OF LAST TETANUS/ DIPTHERIA/ TOXOID SHOT:	:			
DETAILS:	CURRENT MEDICATIONS AND DOSAGE IF ANY:				
	DETAILS:				

PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION If any of the above mentioned information changes before or during the event, please submit in writing all pertinent information to the regatta chairperson.

Mail this form *no later than March 31, 2011* to:
Davis Island Yacht Club
Attn: Area D Champs
1315 Severn Ave.
Tampa, Fl. 33606