

APPENDIX B
Treasure Island Sailing Center

For Adult Participants

Participation Agreement and Medical/Emergency Information:

Should you be in need of medical treatment, do you give permission for this to be done in the event you can not make physically make a decision? _____ YES _____ NO

In case of an emergency, please notify:

Name _____

Home Phone # _____ Day Phone # _____

Secondary Contact _____

Home Phone # _____ Day Phone # _____

Liability Release:

For and in consideration of my participation in any class, event, or program held at the Treasure Island Sailing Center, I hereby accept all of the risks and responsibilities of participating in any way and waive any and all claims I may have against the TISC Sailing Program, the Treasure Island Sailing Center, and the Treasure Island Sailing Center Foundation, its members, officers, directors, committees, agents and/or employees arising out of or in any way connected with such participation. I agree to abide by the rules of the Sailing Program and the House Rules of the TI Sailing Center. I understand that if I choose to use TISC during a set practice, class, program, race, or under my own planning, I am doing so at my own choice and own risk.

Signature _____ Date: _____

Name (printed) _____

For Youth Participants

Participation Agreement and Medical/Emergency Information

Should the participant be in need of medical treatment, do you give permission for this to be done in the event you can not be reached promptly? _____ YES _____ NO

GUARDIANS SIGNATURE _____

(if participant is under 18)

In case of an emergency, please notify:

Name _____

Home Phone # _____ DayPhone # _____

Secondary Contact _____

Home Phone # _____ Day Phone # _____

Doctor Name: _____ Phone# _____

Medical Plan Name: _____ Medical # _____

Last Tetanus Shot _____

Allergies (food or medication), or special instructions: _____

Liability Release:

For and in consideration of my child's participation at any class, event, or program held at the Treasure Island Sailing Center, I hereby accept all of the risks and responsibilities of participating in said program and waive any and all claims I may have against the TISC Youth Sailing Program, the Treasure Island Sailing Center, and the Treasure Island Sailing Center Foundation, its members, officers, directors, committees, agents and/or employees arising out of or in any way connected with such participation.

Signature _____ Date: _____

Relationship to Participant _____