

2011 USA Junior Olympic Sailing Festival -
Chesapeake Bay Open
Hampton Yacht Club - Hampton, VA.
July 1 - 3, 2011

*These waivers of responsibility must be signed by parent/guardian and forwarded to HYC.
No sailor may sail without completed and signed waivers for Liability and
Medical Treatment. See directions on page 2 re: mailing or faxing documents*

Only completely filled in forms will be accepted. Doublehanded skippers and crews must EACH complete and sign separate copies of this form.

Liability Waiver

Waiver of Liability: In consideration of the Event Hosts allowing the undersigned participant to participate in the above named event, I recognize and understand that the Regatta is voluntary in nature and participation is at the invitation of the Event Hosts and organizers. I recognize that my child incurs risks attendant with sail, water related activities and other event activities. I hereby absolve the Hampton Yacht Club, the sponsors of this Regatta, the organizers of this event and the members of the Race Committee from all responsibility or liability for loss of life or injury to participants or others, or for the loss of or any damage to any vessel, equipment or other property.

This document may have serious consequences in the event of any injury to the participant.
I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

Participant's Name: _____

Parent or Guardian's Signature: _____ Date: _____

Emergency Contact: Name _____ Relationship _____ Number _____

Media Information

Parents and guardians are advised that media representatives will be provided with information regarding regatta entrants, their backgrounds, and family ties to sailing. This may include pictures and human interest stories. This information will be made available to media representatives before, during, and after the regatta. *Parents and guardians are responsible for notifying regatta officials in writing if they do not wish information released.*

Emergency Medical Form

Participant Name _____ Birth date _____

Date of Last Tetanus Booster _____ (please complete next page also)

Participant Name _____

Page 2

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Emergency Medical Form (continued)

Allergies (include food allergies) _____

Special Conditions _____

Medications Child is on _____

Medical Insurance Carrier _____

Medical Insurance Number _____

Family Physician _____ Phone _____

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child named above as Participant) or in the event of illness of myself, my spouse or any child of mine while in, on or about the premises of the Hampton Yacht Club or while participating in any activity sponsored by or under the auspices of said Club under circumstances where I am physically unable to consent or am not present:

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 any officer or member of the Hampton Yacht Club to consent to such medical care, attention or treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the Hampton Yacht Club and its officers and members thereof.

The undersigned do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the State Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Parent/Guardian(print) _____ Telephone _____

Parent/Guardian(sign) _____ Telephone _____ Date _____

**Mail or Fax this form to: HYC 4707 Victoria Blvd. Hampton VA 23669 Atten: Junior Sailing/BO/JO
Fax: (757) 722-4700**