



RELEASE OF LIABILITY

In consideration of the undersigned's participation in US SAILING's 201 U.S. Championship ("the Regatta") sponsored by US SAILING, Gill NA, and other local sponsors (collectively, the "Sponsors") and hosted by (the "Host") on the undersigned participant ("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 (collectively with Participant, "Releasors"), 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 (each a "Released Party") 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 Releasor's(s') right to participate in the Regatta.

Signature of Regatta Participant: _____
Print Name:

PARENT OR GUARDIANS FOR MINORS (UNDER 18 YEARS OF AGE)

The undersigned parent and/or natural or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to release each and all of the Released Parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said Party(ies) because of any defect in or lack of such capacity to so act and release said Party(ies) on behalf of all Releasors as specified herein.

Signature of Parent/Legal Guardian: _____
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 of the undersigned's participation in US SAILING's 201 _____ U.S. _____ Championship ("the Regatta") sponsored by US SAILING, Gill NA, _____, and other local sponsors (collectively, the "Sponsors") and hosted by _____ (the "Host") on _____ the undersigned participant ("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.

PARTICIPANT (Signature): _____

NAME (print) _____

DATE

PARENT OR GUARDIANS FOR MINORS (UNDER 18 YEARS OF AGE)

The undersigned parent and/or natural or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to release each and all of the Released Parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said Party(ies) because of any defect in or lack of such capacity to so act and release said Party(ies) on behalf of all Releasers as specified herein.

PARENT OR GUARDIAN (Signature): _____

PARENT/GUARDIAN NAME (Printed): _____

DATE:



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*

NAME OF PARTICIPANT: _____

NAME OF PARENT OR GUARDIAN (if under 18) _____

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child if named above as the "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 _____ or while participating in any activity sponsored by or under the auspices of _____ 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 the General Manager, Assistant General Manager or any officer or member of _____ 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 United States Sailing Association and the officers and members of each.

I, 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 by the State of _____ or 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.

Signature: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

IN CASE OF EMERGENCY CALL:

NAME	RELATIONSHIP	PHONE NUMBER

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

NAME	PHONE NUMBER	DATE OF LAST EXAM

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER



MEDICAL AND EMERGENCY INFORMATION

Competitor's name: _____ Male ____ or Female ____

Address: _____

City/State/Zip: _____

Telephone _____(home) _____(Emergency cell) Date of Birth: _____

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)

Table with 4 columns: Chronic Ailments, Allergies, and two empty columns for details.

DATE OF LAST TETANUS/ DIPHTHERIA/ TOXOID / T/d or Tdap SHOT: _____

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 these forms no later than _____ to: _____



US SAILING
PO Box 1260
Portsmouth, RI 02871
Bus: (401) 683-0800
Fax: (401) 683-0840

DRIVER'S RELEASE FORM

Only those sailors under 18 who have submitted this form in advance will be permitted to drive to and from during the championship. Any driver who arrives without this form submitted in advance will be asked to surrender their keys.

I _____ give permission for _____
(parent/guardian name) (name of competitor)
to either drive themselves or be driven by _____ during the 201 _____ U.S.
(name)
from _____. I release _____, US SAILING, all volunteers, and sponsors of all liability and responsibility during the regatta.

I understand that in event of any concerns on the part of _____ or US SAILING, my child may be required to use provided transportation, which may require that alternate housing be arranged.

Parent/guardian name (please print): _____
Address: _____
City/State/Zip: _____
Phone numbers: (w) _____ (h) _____
Relationship to competitor: _____
Parent/guardian signature: _____ Date: _____

Please complete the following information about the vehicle(s) if you are bringing a car and/or trailer.

Vehicle Make, Model and Color _____
License Plate (vehicle) State and Number _____
License Plate (trailer if any) State and Number _____

Mail this form **postmarked no later than**



US SAILING
PO Box 1260
Portsmouth, RI 02871
Bus: (401) 683-0800
Fax: (401) 683-0840

Competitor's Agreement

Competitor's Agreement: I accept US SAILING's invitation to sail in the U.S. _____ Championship. By accepting this invitation, I agree to comply with the restriction on drinking and the use of illegal drugs for the entire event. I also agree to share in the responsibility for making the event run smoothly both on and off the water. In particular, I will respect that others are also taking this championship seriously, I will respect property that is not mine, I will respect the efforts of the event hosts, and I will respect and show appreciation for the generosity of my hosts.

Print competitor's name clearly *Competitor's Signature* *date*

Competitor's Parent(s) Agreement: I/We have read the competitor's agreement above and the restriction on the use of alcohol and illegal drugs during the U.S. _____ Championship event. I/We fully understand that offenders of the restriction will immediately be removed from the racing and if practical sent home. I/We understand that I/We are responsible for the behavior of my/our child and liable for any damage to property, including chartered boats, caused by him/her, and damage to _____ property.

Print parent's name *Parent's Signature* *date*

Mail this form **postmarked no later than**



US SAILING
PO Box 1260
Portsmouth, RI 02871
Bus: (401) 683-0800
Fax: (401) 683-0840

Alternate Housing

Consent Form

U.S. YOUTH MULTIHULL CHAMPIONSHIP

I, _____ (*parent/guardian name*) assume all responsibility for

_____ (*competitor name*) during the U.S. _____ Championship from _____. I release the _____, US SAILING, all volunteers, and sponsors of all liability and responsibility during the Championship.

As a parent or guardian during this event, I agree that either I, or the adult* that I have designated on this form, will be responsible for the competitor on a daily basis during the entire event, stay at the same privately arranged housing site, and coordinate transportation to/from housing site and the _____. I will assure all the rules of the Championship will be obeyed, including the curfew and US SAILING's Regulations regarding illegal drugs and alcohol. ***I agree that I, or the adult I have designated, will be present at registration.***

Parent/guardian name (*please print*): _____

Address: _____

City/State/Zip: _____

Phone numbers: (w) _____

(h) _____ (cell) _____

Relationship to competitor: _____

Parent/guardian signature: _____ Date: _____

Name of Designated Adult: _____

Relationship to competitor: _____

Home address: _____

City/State/Zip: _____

Phone number: (w) _____ (h) _____ (cell) _____

over...



US SAILING
PO Box 1260
Portsmouth, RI 02871
Bus: (401) 683-0800
Fax: (401) 683-0840

The competitor will be staying at the following address for the duration of the event:

Name of hotel/ B&B/homeowner: _____

Room in name of: _____

Address: _____

City/State/Zip: _____

Phone: _____

.....
Complete the following section before mailing, if at all possible. If not possible, the section will be completed at registration. **Remember that the designated adult must be present at registration.**

As designated by the parent/guardian of _____ (*competitor's name*), I agree that I will be responsible for the competitor on a daily basis during the entire event, stay at the same privately arranged housing site, and coordinate transportation to and from housing site and the Yacht Club. I will assure all the rules of the Championship will be obeyed, including the curfew, US SAILING's Regulations regarding illegal drugs and alcohol. I also agree to be present at registration.

Print name: _____

Signature: _____

Phone number(s) during event: _____

Mail this form **postmarked no later**