

Sailor Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F

**WAIVER OF LIABILITY/ASSUMPTION OF RISK**  
**Team FOR Invitational Regatta**  
**Hosted by the Clearwater Community Sailing Center (CCSC)**  
**Clearwater, FL**  
**March 3-4, 2012**

As the parent/guardian of the above named sailor, I hereby acknowledge that the risk of injury, including serious debilitating injury, is involved in athletic participation. I am aware that the activities associated with this event involve maneuvering a boat on deep waters in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters, and collision with other watercraft and/or stationary objects such as docks and buoys.

I am aware of the risks involved and give my consent for the above named sailor to participate in all activities associated with the 2012 Team FOR Invitational Regatta. I accept any and all risks to the above named sailor of injury, death, and property damage arising from participation in this event whether or not caused by the negligence, gross negligence, or other action of Team FOR, USODA, Clearwater Community Sailing Center, their Officers, Directors, Trustees, agents, employees, coaches, vendors, sponsors, event volunteers, and any other persons associated with this event (herein referred to as the "Releases").

I waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of, or prosecute the "Releases" for monetary damages caused by injury to the above named sailor, or damage to the property of the above named sailor arising from the above named sailor's participation in this event and the use of the facilities and property of the Releases whether or not the injury or damage results from the negligence, gross negligence, or other action, of the Releases. I further release and hold the Releases harmless from any loss, liability, damage or cost including reasonable attorneys fees that may occur due to the named sailor's participation in this regatta.

I agree for my sailor to be bound by *The Racing Rules of Sailing 2009-2012* and all other rules that govern this event. I understand that my sailor's safety and the safety of his boat and the decision whether Or not to start or continue to race are my responsibility and not that of the Releases. I hereby warrant that my sailor and sailor's boat will be outfitted, equipped and handled in accordance with those Rules and Conditions, that she will have all required equipment aboard, that she will be seaworthy in hull, rig and gear, and that she will be competently manned.

I agree and grant my specific permission to the Releases to make and/or obtain photographic images of my sailor on the days of the regatta and to publish, copyright, and/or display these images. I understand and agree that these images may be displayed digitally and/or published through electronic media sites including, but not limited to, event, team, and social networking websites. I further waive the right to inspect and/or examine all photographs and/or written text pertaining to such photographs before their use. I also waive any and all rights and claims, including future rights and claims, to such photographic images and any interest therein.

Parent or Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relation to Named Sailor: \_\_\_\_\_

**MEDICAL CONSENT FORM**

NAME OF PARTICIPANT: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME OF PARENT/GUARDIAN (printed): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY/STATE \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

In the event of accident, injury or illness involving any child of mine (specifically including my child named above as the "Participant") or me or my spouse while in, on, or about the premises of Clearwater Community Sailing Center or while participating in any activity sponsored by or under the auspices of Team FOR and Clearwater Community Sailing Center under circumstances where I am physically unable to consent or am not present,

1. I hereby voluntarily authorize and consent to the furnishing to myself, my spouse, or any child of mine of such medical care, attention, and treatment by any hospital, physician or dentist as such hospital, physician or dentist may deem necessary or advisable, including any x-ray examination, anesthetic, medical, or surgical diagnosis or procedure.
2. I authorize any adult associated with the activity to consent to such medical care, attention and 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 assisting adult, Team FOR, Clearwater Community Sailing Center, USODA, and the officers, employees, volunteers, and members of said organization.

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.

ALTERNATIVE PERSONS TO CONTACT:

| NAME | RELATIONSHIP                    | PHONE NUMBERS |
|------|---------------------------------|---------------|
|      | (Including Mobile Phone Number) |               |

PRIMARY CARE PHYSICIAN: \_\_\_\_\_  
NAME PHONE NUMBER

ATTACH COPY OF HEALTH INSURANCE CARD, OR COMPLETE THE FOLLOWING:

| HEALTH INSURANCE CARRIER | INSURANCE ID NO. | NAME OF INSURED |
|--------------------------|------------------|-----------------|
|--------------------------|------------------|-----------------|

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_