

Name of Junior Sailor's Club or Association _____

Mason's Island Jr. Race Week - July 23-25, 2012
WAIVER AGREEMENT

Junior Sailor _____

Parent /Guardian _____

Please Print

Please Print

The undersigned is the Parent/Guardian of the Junior Sailor named above and does hereby voluntarily agree to the terms and conditions set forth herein and, further, agrees and recognizes that participation of the Junior Sailor in Mason's Island Jr. Race Week (hereinafter referred to as the "JRW") necessarily involves participation in the sport of sailing which involves certain inherent risks of damage to personal property and the risk of serious bodily injury including death, and, on behalf of the Junior Sailor, acknowledges and agrees that the Sailor is participating in the JRW entirely at his/her own risk. Now, therefore, the undersigned does hereby agree as follows:

- 1) The undersigned consents to the participation of the Junior Sailor in the JRW and agrees that this will extend to the _____
(name of junior sailor's club/assoc. as stated above)
- 2) The undersigned consents to the participation of the Junior Sailor in races, clinics, and social events which are a part of the JRW and acknowledges that said consent is **without exception** within the limits proscribed within. The undersigned further agrees that this Agreement will extend to the benefit of Mason's Island Yacht Club, which is the host to JRW, the members, staff and/or agents and or employees of the same. The undersigned further acknowledges that Parent/Guardian has reviewed the JRW Schedule prior to the execution of this document and further understands that changes to the schedule may be made at any time.
- 3) The Mason's Island Yacht Club and all of their respective members, directors, employees, agents and all persons serving as members of the race committees or juries or any other person acting in any capacity for the conduct of the JRW (hereinafter referred to as "Released Parties") will not be responsible for damage to any boat or other property of the undersigned or the injury to any competitor, including death, sustained as a result of participation in the JRW. By participating in the JRW, the undersigned (including heirs, successors, and assigns) agrees to release the Released Parties from any and all liability associated with participation to the fullest extent permitted by law.
- 4) The undersigned (including heirs, successors, and assigns) hereby waives any rights to sue the Released Parties with respect to personal injury or property damage as a result of participation in the JRW and hereby release the Released Parties from any liability for such injury or damage.
- 5) Any and all claims arising out of or related to the JRW shall be governed by Connecticut law and shall be subject to the jurisdiction of the State of Connecticut.

I have thoroughly read and understand the Mason's Island Jr. Race Week Waiver Agreement and have reviewed the JRW schedule. By signing this document, I acknowledge the execution of this agreement and agree to each of the provisions listed above.

Signature of Parent/Guardian _____ Dated _____

PARTICIPANT & MEDICAL INFORMATION

Home Address _____ City _____ ST _____ ZIP _____

Home Phone (____) _____ FAX (____) _____ e-mail _____

Summer Phone (if different) (____) _____

Sailor date of birth _____ MALE / FEMALE

Mother's name _____ Father's name _____

Mother's work phone (____) _____ home (____) _____ cell (____) _____

Father's work phone (____) _____ home (____) _____ cell (____) _____

Physician _____ Phone (____) _____ Name of insured _____

Insurance co. _____ Policy # _____ Group # _____

Chronic illness, medical conditions, allergies or medication being taken (Please list, or write none)

MEDICAL AUTHORIZATION

I hereby authorize an instructor from my Club or Program, or an adult who bears this document, to authorize emergency treatment for the Junior Sailor named above in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of the emergency.

Signature of Parent/Guardian _____ Dated _____

**** EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED:**

	(____)	(____)	
<i>Name</i>	<i>Daytime Phone</i>	<i>Alternate Phone</i>	<i>Relationship to sailor</i>

	(____)	(____)	
<i>Name</i>	<i>Daytime Phone</i>	<i>Alternate Phone</i>	<i>Relationship to sailor</i>

Please provide a copy of the Junior Sailor's health insurance card.

Scan and email PDF OR mail completed form to: MIYC Jr. Race Week, PO Box 465, Mystic, CT 06355