

# Hobie Cat Youth North American Championships

## July 28 – August 1, 2013

### Liability Release Form

In consideration of my child's participation in the Hobie Class Association of North America (HCA-NA), International Hobie Class Association (IHCA) sanctioned events, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I or my child may have, or which may hereafter accrue to me, him or her, as a result of his/her participation in said events. I hereby agree my child will comply with the rules as defined by the Racing Rules of Sailing.

This release is intended to discharge in advance the HCA-NA, IHCA and its Division and Fleet organizations, the Fresno Yacht Club, the officers, the organizers and the sponsors of the event and their respective agents and employees, from and against any and all liability arising out of or connected in any way with my child's participation, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally occur during sailing, and that participants in sailing occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of sailing, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who not through negligence or carelessness might otherwise be liable to me or my heirs or assign for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding upon my heirs and assigns.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Child Name (print)

# 2013 Youth Hobie Cat North American Championships Medical Release Form

Participant Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex (M or F) \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_

Physical Handicaps: (Please list any you feel we should be aware of.) \_\_\_\_\_

Psychological Handicaps: \_\_\_\_\_

Chronic Ailments:

Asthma or other respiratory problems \_\_\_\_\_

Circulatory or heart problems \_\_\_\_\_

Diabetes or hypoglycemia \_\_\_\_\_

Hemophilia or other bleeding problems \_\_\_\_\_

Other? \_\_\_\_\_

Allergies:

Foods \_\_\_\_\_ Other \_\_\_\_\_

Blood Type \_\_\_\_\_

Current Medications (if any) \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Swimming Ability \_\_\_\_\_

## Preferred Personal or Family Physician

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Health Insurance

Name of Provider \_\_\_\_\_ Policy # \_\_\_\_\_

## Parent/Guardian Emergency Contact Info

1. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Parent/Guardian First Aid & Emergency Treatment Authorization

I, \_\_\_\_\_ (Parent/Guardian) authorize the program organizers and their volunteers to sanction First Aid and/or Emergency Treatment if none of the above named can be contacted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If the above named person(s) are unavailable, please notify:

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Phone #(s) \_\_\_\_\_

I hereby certify that this child is in satisfactory health and can engage in all Youth Sailing Program activities.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_