Grosse Ile Yacht Club Waiver and Consent form

Emergency Treatment Authorization

I (we) the undersigned parent, parents, or legal guardian of _______, a minor do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical treatment rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required and 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.

Child's Name (printed):		
Parent(s) Name(s) (printed):		
Phone Numbers: (Work):	(Home):	
Parent/Guardian Signature:		Date:
Health Insurance Carrier:		
Insurance ID Number:		

Liability Release Waiver

The undersigned Participant recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce the Grosse Ile Yacht Club to accept his/her entry into the 2013 US Sailing Junior Championship Area E Semi-Finals Regatta, the undersigned Participant covenants and agrees to save, hold harmless and indemnify Grosse Ile Yacht Club, its officers, directors, members, employees and agents, from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to any person or damage to any property arising out of or in anywise connected with the operation of the Sailing Program or any activities on or the use of any facilities or equipment of Grosse Ile Yacht Club.

Participant (please print):		
Signature:	Date:	
Signature of Guardian (if under 18):		