



Santa Cruz Yacht Club

Parental Release & Medical Waiver

Title of Event: _____

Event Dates: _____

Competitor's Name: _____

RELEASE

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 the race organizers (organizing authority, race committee, protest committee, host club, sponsors, or any other organization or official) 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.

Parent or Guardian Print Name

Parent or Guardian Signature

Date

MEDICAL WAIVER

As the parent and/or natural or legal guardian of the minor named above, I give permission to administer any necessary medical treatment in the event of an injury or accident.

Parent or Guardian Print Name

Parent or Guardian Signature

Date

Parent or Guardian Contact Information:

Home Phone

Work or Cell Phone

In case of emergency, whom else should we contact:

Name

Home Phone

Work or Cell Phone