

JUNIOR SAILORS

WAIVER OF LIABILITY AND MEDICAL CONSENT/INFORMATION FORM

Junior Sailor's Name: _____ DOB: _____ Male: ___ Female: ___
Parent/Guardian Name: _____ Telephone # (h) _____ (w) _____
Medical Insurer: _____ Insurer Tel # _____
Subscriber's Name: _____ Policy/subscriber # _____
Family Doctor: _____ Phone: _____
Emergency Contact: _____ Phone: _____ Relation to child _____

Please fully describe all medical needs or concerns:

Date of last tetanus shot: _____ Allergies: _____
Current medications: _____ Drug Allergies: _____
Physical Challenges: _____ Learning Disabilities: _____
Worries/Fears: _____

(PLEASE ATTACH ANOTHER SHEET IF ADDITIONAL SPACE IS NEEDED)

The undersigned hereby acknowledges that the execution of this Agreement is a condition of the participation of the Junior Sailor in the Bullseye National Championship Regatta at Sandy Bay Yacht ("Regatta") The undersigned accepts that the sport of sailing and the conduct of the Regatta entail and are subject to certain inherent risks and on behalf of the Junior Sailor, the undersigned accepts all risks on land and at sea of participation in the Regatta. Now, therefore, the undersigned does hereby agree as follows:

1. The undersigned voluntarily consents to Participation of the Junior Sailor in the Regatta and agrees that this Agreement will extend to the Sandy Bay Yacht Club, Incorporated ("SBYC").
2. The undersigned voluntarily consents to participation of the Junior Sailor the Regatta and agrees that this Agreement will extend to the benefit of yacht/sailing clubs/associations which are the host to or are the venue of such Regatta.
3. The undersigned waives any claim against and releases any obligation SBYC and the Bullseye Class Association and all of their respective members, officers, directors, employees and 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 Regatta to the Junior Sailor or the undersigned, including any claims for personal or bodily injury, or to the boat or other property of the undersigned or the Junior Sailor, to the fullest extent permitted by law.
4. The undersigned agrees indemnify and hold SBYC and the Bullseye Class Association and each Indemnified Person harmless from any claim, loss or injury caused by the intentional act, negligence, misconduct, or failure to exercise reasonable care by or of the Junior Sailor, including costs and fees.

MEDICAL PERMISSION: The undersigned hereby authorizes an employee or representative from SBYC or an adult who bears this document to authorize emergency treatment for the Junior Sailor in the event that the emergency contact cannot be reached at the above telephone numbers at the time of the emergency.

Date: _____ Signature of Parent or Legal Guardian: _____