

**JUNIOR SAILORS
WAIVER OF LIABILITY AND MEDICAL CONSENT/INFORMATION FORM**

Junior Sailor's Name: _____ DOB: _____ Male: _____ Female: _____
Parent/Guardian Name: _____ Telephone # _____
Medical Insurer: _____ Insurer Tel # _____
Subscriber's Name: _____ Policy/subscriber # _____
Family Doctor: _____ Phone: _____

Please fully describe all medical needs or concerns:

The undersigned hereby acknowledges that the execution of this Agreement is a condition of the participation in the 2024 Bullseye National Championship Regatta and the Bullseye Single-Handed Championship ("Regatta") at Winter Harbor Yacht Club, Winter Harbor, Maine. 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 Winter Harbor Yacht Club ("WHYC").
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 WHYC 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 WHYC 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 WHYC or an adult who bears this document to authorize emergency treatment for the Junior Sailor if the emergency contact cannot be reached at the above telephone numbers at the time of the emergency.

Date: _____

Signature of Parent or Legal Guardian: _____