

ADULT SAILORS

WAIVER OF LIABILITY AND MEDICAL CONSENT/INFORMATION FORM

Sailor's Name: _____ DOB: _____ Male: ___ Female: ___
Address: _____ Telephone # (h) _____ (w) _____
Medical Insurer: _____ Insurer Tel # _____
Subscriber's Name: _____ Policy/subscriber # _____
Family Doctor: _____ Phone: _____
Emergency Contact: _____ Phone: _____ Rel. _____

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 Sailor in Sandy Bay Yacht Club's Sailing Program ("Program"). The undersigned accepts that the sport of sailing and the conduct of the Program entail and are subject to certain inherent risks and accepts all risks on land and at sea of participation in the Program. Now, therefore, the undersigned does hereby agree as follows:

1. The undersigned voluntarily consents to Participation in the Program and agrees that this Agreement will extend to the Sandy Bay Yacht Club Sailing Program & Scholarship Fund, Inc. ("SSP") and the Sandy Bay Yacht Club, Incorporated ("SBYC").
2. The undersigned voluntarily consents to participation in regattas and sailing events which are a part of the Program ("Regattas") 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 sailing events and Regattas ("Host Clubs") and to the Mass Bay Sailing Association.
3. The undersigned waives any claim against and releases any obligation of SSP, SBYC, each Host Club and the Mass Bay Sailing 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 Program or any Regatta (each an "Indemnified Person") to the undersigned Sailor, including any claims for personal or bodily injury, or to the boat or other property of the undersigned Sailor, to the fullest extent permitted by law.
4. The undersigned agrees to reimburse SSP, SBYC and each Indemnified Person for any loss or damage to property, and to indemnify and hold SSP, each Host Club, the Mass Bay Sailing 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 Sailor, including costs and fees.
5. The undersigned represents that he/she can swim.
6. The undersigned has read and understands the SSP Handbook.

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

Date: _____ Sailor: _____