

2016 JUNIOR SAILING CAMP - Medical Consent and Waivers

Mail Complete Packet Via US Mail to:
Augusta Sailing Club
PO Box 1938
Evans, GA 30809

MEDICAL CONSENT FORM

NAME OF PARTICIPANT (printed): _____

NAME OF PARENT OR GUARDIAN (printed): _____

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child named below as the "participant") or in the event of illness of myself, my spouse or any child of mine while in, on or about the premises of the August Sailing Club or while participating in any activity sponsored by or under the auspices of said club under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself, my spouse or any of my said children of such medical care, attention and treatment by any hospital, physician or physicians as such hospital, physician or physicians may deem necessary or advisable.
2. I authorize any officer or member of the August Sailing Club or consent to such medical care, attention or treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the Augusta Sailing Club and the United States Sailing Association and its officers and members thereof.

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the State Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but 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.

IN CASE OF EMERGENCY CALL:

Name	Relationship	Phone Number

SIGNATURE OF PARENT/GUARDIAN: _____

2016 JUNIOR SAILING CAMP - Medical Consent and Waivers

Mail Complete Packet Via US
Mail to: Augusta Sailing Club PO
Box 1938
Evans, GA 30809

MEDICAL CONSENT FORM continued...

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

Name	Date of Exam	Phone Number
------	--------------	--------------

HEALTH CARE PROVIDER: _____

INSURANCE ID NUMBER: _____

2016 JUNIOR SAILING CAMP - Medical Consent and Waivers

Mail Complete Packet Via US Mail to:
Augusta Sailing Club
PO Box 1938
Evans, GA 30809

WAIVER, RELEASE AND INDEMNITY AGREEMENT

For and in consideration of permitting (participants name) _____ to enroll in and participate in activities and class instruction of 2015 2014 Summer Sailing Camp, given by the Augusta Sailing Club, Inc., in the City of Appling, County of Columbia and State of Georgia, beginning on the _____, the Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions of causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging in, receiving instructions in said activities incidental thereto, understanding that sailing is a water sport and therefore subject to hazards or injustices pertaining to but not limited to elements of weather, water and boating, wherever or however the same may occur and for whatever period said activities or instructions may continue, and the Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action of causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present and claim for personal injury, property damage or wrongful death against eh Augusta Sailing Club or any of its officers, agents, servants or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons or otherwise.

IT IS THE INTENTION OF (1) (your name) _____ BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE (2) AUGUSTA SAILING CLUB, INC. FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The Undersigned, for him/herself, his/her heir, executor, administrators or assigns, agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against (2) Augusta Sailing Club, Inc., he/she shall indemnify and save harmless the Augusta Sailing Club, Inc. from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

They Undersigned acknowledges that he/she has read the foregoing two paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and instructing of sailing and is fully aware of the legal consequences of signing the within instrument.

Signature of Student

Date

Signature of Parent/Guardian

Date

2016 JUNIOR SAILING CAMP - Medical Consent and Waivers

Mail Complete Packet Via US
Mail to: Augusta Sailing Club PO
Box 1938
Evans, GA 30809

Racing or Regatta Waiver, Release and Indemnity Agreement

Name: _____

Boat: Sunfish, JY15 or Coronado 15

Waiver and Release of Liability:

In consideration of being allowed to participate in the Augusta Sailing Club Racing Program and related events and activities, I acknowledge and agree that:

1. By virtue of my participation I risk bodily injury, including, but not limited to, paralysis, dismemberment, death, and other loss, including damage to property.
2. I acknowledge and freely assume all risk. I release, hold harmless, and promise not to sue, the Augusta Sailing Club, its officers, and sponsors, as well as organizers and sponsors of any Augusta Sailing Club sanctioned event, with respect to any or all such injury, paralysis, dismemberment, death, and other loss, including damage to property, except that such injury or loss which results from gross negligence, or willful or wanton misconduct of one of these individuals or organizations.
3. As a participant of this event, I assume the responsibility to repair any yacht that I may damage. The decision of the Augusta Sailing Club Protest Committee in accordance with US Sailing will be final. Each yacht is required to carry liability insurance in order to participate.

Parent/Guardian

Signature of Student

Date

Signature of Parent/Guardian

Date