

## Harraseeket Yacht Club Youth Sailing Program Liability Waiver & Risk Warning Medical Release

I, \_\_\_\_\_, (Parent/Guardian), wish to have \_\_\_\_\_ (Sailor) participate in the Harraseeket Yacht Club Youth Sail Program. I consent to the following conditions:

- I acknowledge that on the water activity entails risks, and I take full responsibility for all such risks.
- Coast Guard approved life jackets will be worn by the participant whenever he/she is on the dock or in a boat.
- Harraseeket Yacht Club may revoke all sailing privileges for violation of any rules or regulations, or for failure to obey any instructor.
- I acknowledge that sailing entails risk, and I agree to indemnify and hold harmless the Harraseeket Yacht Club, its officers, directors, members, affiliates, employees, volunteers and helpers (collectively "HYC") from and against all claims of any persons for damages or personal injury whatsoever, including attorneys' and paralegals' fees and all fees and costs of defense, that may be sustained or caused by or to the above named student while participating in any activity of Harraseeket Yacht Club or using the Harraseeket Yacht Club facilities. This includes damages caused in whole or in part by HYC.
- Sailor and Parent agree to respect the Club property as well as the property of others, and to be responsible for the any loss or damage to Club property or others' property caused by Sailor at any time during their participation in the Program.
- Sailor agrees to abide by the rules as set by the Club and Instructors; to use the utmost care of the boats and equipment, to not engage in disruptive behavior, to not use inappropriate language, to behave in a responsible manner, and to be considerate of the people and property of the Club.

I (we) the undersigned parent, parents, or legal guardian(s) of \_\_\_\_\_, a minor, do hereby authorize and consent to such medical or dental treatment services or care which are necessary or appropriate for my child, including the selection of medical personnel and facilities and transportation or transfer of my child to such facilities and in connection with such treatment, services and/or care, to authorize and consent in my name and on my behalf to such emergency or necessary surgery, diagnostic or corrective, as they may determine to be necessary for the life, health or well-being of my child, after reasonable consultation with duly licensed physicians, surgeons and /or dentists. It is understood that reasonable effort shall be made to contact the undersigned prior to rendering treatment of my child but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Sailor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sailors Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian  
Printed Name: \_\_\_\_\_