

## **GOLDEN ISLES COMMUNITY SAILING CENTER**

**Sailor Name:** \_\_\_\_\_

### **WAIVER OF LIABILITY/RELEASE OF RISK**

As the parent/guardian of the above named child, I hereby acknowledge that Sailing is a sport that has an inherent risk of damage and injury. I am also aware that the sailing facility and venue may contain certain hazards, and that my child will need to abide by all safety policies. I hereby declare that my child has no physical or mental condition that should preclude him/her from safely participating in the sport. In consideration of being allowed to participate in the above described water sport, as well as the use of any of the facilities, I hereby agree as follows:

- 1) To waive and release any and all claims based upon negligence, active or passive, with the exception of intentional, wanton, or willful misconduct that I may have in the future against all of the following named persons or entities herein referred to as releasees: Golden Isles Community Sailing Center and any officers, directors, employees, representatives, agents, volunteers and vessels.
- 2) To release the releasees from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise, with the exception of gross negligence. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury or loss of life that may occur as a result of engaging in the above activities.
- 3) To give absolute right and permission for video footage or photographs of the above named child to be published in any media for press purposes and editorial or advertising purposes.

**SIGNATURE (Parent or Legal Guardian):** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Relation to Named Child:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **GOLDEN ISLES COMMUNITY SAILING CENTER**

**Sailor Name:** \_\_\_\_\_

### **AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR**

The undersigned parent or guardian of a minor does hereby consent to emergency X-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, or dentist under the Dental Practice Act. It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physicians in the exercise of their best judgment may deem advisable. It is understood that efforts shall be made to contact the undersigned or Emergency Contact prior to rendering treatment, but treatment will not be withheld if they cannot be reached.

Medical Problems: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Phone (h): \_\_\_\_\_ (w): \_\_\_\_\_ (c): \_\_\_\_\_

Father's Phone (h): \_\_\_\_\_ (w): \_\_\_\_\_ (c): \_\_\_\_\_

SIGNATURE (Parent or Legal Guardian): \_\_\_\_\_

Print Name: \_\_\_\_\_

Relation to Named Child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_