South Coast Sailing Team

Youth Emergency Information, Medical Release, Liability Waiver & Publicity Release

CHILD's NAME _____ DOB _____

Name of person responsible for youth: _____ EMAIL _____

ADDRESS _____
Number & Street City State ZIP

PHONE 1# _____ PHONE 2# _____ Mobile Phone _____

Notify in Case of emergency if parent cannot be reached: _____

Contact phone number(s): _____

Name of nearest relative not living at the above address: _____

Contact phone number(s): _____

Physician to be called in an emergency: _____

Address: _____ Phone: _____

Special medical information / Restricted Actvities: _____

Allergies: _____ Are immunizations up to Date? Yes / No Last Tetanus: _____

Is he / she taking medication? Yes / No Specify: _____

TERMS AND CONDITIONS: For purposes of this agreement (also referred to as contract), the following applies throughout the document in consideration of the use of the property, facilities, programs and/or services of the parties covered by this agreement. The parties covered by this contract applies to the releases, indemnifications and liability waivers in this contract. To the degree any provision in this contract is unenforcable for any reason, all other contract provisions shall remain in effect. The parties coverd by this agreement include the below stated government, companies, programs and other organizations as well as ALL PERSONS involved with these entities including , but not limited to, all other participants, volunteers, employees, leaders, officers and agents. The parties covered by the agreement (sometimes referred to as releasees) include: the State of California; the County of Orange; the Dana Point Harbor Deparment; the OC Sailing and Events Center; Westwind Sailing; the Ocean Institute; Mariners (including the Mariner Junior program); Sea Scout Ship 936; South Coast Sailing Team; Boy Scouts of America; and, Orange County Council BSA. This contract is legally binding. The undersigned agrees as follows:

Medical Release : I (we) the undersigned parent, parents or legal guardian of _____ , a minor, do hereby request that (s)he be permitted to participate in the aforementioned releasees programs and should the need arise, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentiist licensed under the provisions of the Dental Practice Act and on the staff of any general hospital holding a current license to operate a hospital from the State of California Department of public health. It is understood that this authorization is given in advance of any specific diagnosis, treatment of 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 treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the parties covered by this agreement for medical aid rendered and will reimburse any person or organization for medical expenses incurred in the care of my son/daughter. **INITIAL** _____(Parent or Guardian)

Liability Waiver: I (we) the undersigned parent, parents or legal guardian of _____ , a minor, do hereby consent to the aforementioned minor's participation in the activities sponsored by or associated with the parties covered by the agreement. I UNDERSTAND THAT SUCH PARTICIPATION CAN INCLUDE HAZARDOUS ACTIVITIES WHICH MAY EXPOSE HIM/HER TO CERTAIN RISKS OF INJURY SUCH AS LACERATIONS, PULLS AND STRAINS, FRACTURES, CONCUSSIONS, LOSS OF LIMB, DROWNING OR EVEN DEATH. I AM FREELY AND VOLUNTARILY ALLOWING MY SON/DAUGHTER TO PARTICIPATE IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. **INITIAL** _____(Parent or Guardian)

In consideration of this consent to participate in said programs and activiies, I hereby agree, on behalf of said minor and his/her assigns and heirs, to release, defend and hold harmless the parties to this agreement from and against any and all actions, claims, damages (including attorney fees) of liability arising or resulting from his/her participation in the activies sponsored by the parties covered by this agreement including without limitation, damage to or destruction of any property or injury or death to any person. **INITIAL** _____

Publicity Release : South Coast Sailing Team (SCST), Mariner Sea Scouts Ship 936 and Westwind Sailing reserve the right to photograph program participants for publicity purposes. **INITIAL** _____(Parent or Guardian)

I HAVE CAREFULLY READ THE SAFETY RULES, MEDICAL RELEASE AND THE TERMS AND CONDITIONS AND FULLY UNDERSTAND THEIR CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE RELEASEES AND MYSELF AND SIGN IT OF MY OWN FREE WILL ON BEHALF OF SAID MINOR.

_____ _____ _____
Print Name of Parent or Guardian Signature of Parent or Guardian Date