

Westerly Yacht Club Junior Sailing Program

WAIVER OF LIABILITY

In accordance with section 7-6-9 of the General Laws of Rhode Island, I, _____, a minor, hereby waive and release any and all right and claim for damages that I or my child may have against Westerly Yacht Club Junior Sailing Program, its officers, directors, agents, servants, volunteers and employees for any and all injuries suffered by my child at any event or while practicing for or participating in any event or while traveling to or returning from any event sponsored by Westerly Yacht Club or the Westerly Yacht Club Junior Sailing Program. I further agree that my child and I will abide by the rules of Westerly Yacht Club and Westerly Yacht Club Junior Sailing Program.

I acknowledge that participation in the sport of sailing or in any boating programs sponsored by Westerly Yacht Club may involve substantial risk of personal injury or even death, and I hereby assume on behalf of my child the risk of any such injury to his or her body arising while practicing for or participating in any program sponsored by Westerly Yacht Club and forever give up and relinquish any claim for liability against Westerly Yacht Club, its officers, directors, agents, servants, volunteers and employees that I or my child may have by reason of participating in such event or program.

I, _____, as consideration for Westerly Yacht Club's permission for my child to participate in any program sponsored by Westerly Yacht Club, hereby agree to indemnify and hold harmless Westerly Yacht Club for any damage which my child or the boat he will use to participate in this program may cause to any boat or equipment whether owned outright by Westerly Yacht Club or leased or borrowed for the purposes of this program.

Date _____ Signature of Parent/Guardian _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named child I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Business) _____ Emergency _____

Name of Physician _____ Phone _____

Last Tetanus Booster _____ Allergies _____

Any special medication or pertinent information _____