

Elite Sailing
2018 Blanket Permission Form

My child has permission to attend Clinics, lessons, regattas, which may be scheduled, either on or off TRYC premises. He/She may sail, walk, ride a bike or be transported by private car or powerboat with proper supervision.

Child's Name: _____

(Parent signature)

(Date)

(Guardian signature-if applicable)

(Date)

2018 Emergency Medical Treatment Permission

In the event the above named child is injured, I hereby give my permission for the administration of minor first aid procedures by Elite Sailing coaches. I also give my permission for the Elite Sailing coaches to exercise their own judgment in calling my child's physician, or to arrange transport for the child to the emergency room. Further, if I cannot be reached in an EMERGENCY, I hereby give my permission to any physician to secure proper treatment for, and if required: to hospitalize, order injections, anesthesia, or surgery for my child.

(Parent signature)

(Date)

(Guardian signature-if applicable)

(Date)

2017-2018 Waiver of Liability & Assumption of Risk

I am familiar with the activities my child will be undertaking as a participant in the Elite Sailing clinics. As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in these activities. I also understand there are certain risks of injury inherent in these activities as well as in traveling and other related activities incidental to my child's participation and I am willing to assume these risks on behalf of my child. I hereby certify that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed on Medical/Emergency Info Form.

In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the Elite Sailing LLC, its trustees, members, flag officers, employees, parent leaders, program directors, coaches, and any affiliated organizations, and the representatives of any of them, from any and all claims for damages caused by property damage, injury or death to my child or any other person, arising from my child's participation in the Elite Sailing clinics, whether the result of negligence or any other cause.

(Parent signature)

(Date)

(Guardian signature-if applicable)

(Date)