

2005 WAIVER AGREEMENT

Junior Sailor _____ Parent /Guardian _____
Please Print Please Print

The undersigned is the Parent/Guardian of the Junior Sailor named above and hereby acknowledges that the execution of this Agreement is a condition to the participation of the Junior Sailor in the Noroton Opti Team Race Program (hereinafter "Program") as stated above. The undersigned accepts that the sport of sailing and the conduct of the Program entail and are subject to certain inherent risks, and, on behalf of the Junior Sailor, accepts all risks on land and at sea of participation in the Program. Now, therefore, the undersigned does hereby agree as follows:

- 1) The undersigned consents to the participation of the Junior Sailor in the Program.
- 2) The undersigned consents to the participation of the Junior Sailor in all regattas, clinics, and sailing events (hereinafter collectively referred to as "Regattas") which are a part of the Program and acknowledges that said consent is **without exception** within the limits proscribed within, **unless a specific exception is noted herein**. The undersigned further agrees that this Agreement will extend to the benefit of the club or association sponsoring the registered Team (hereinafter "Club"), of Noroton Yacht Club, which is the host to or venue of such Regatta (hereinafter "Host"), and of the Junior Sailing Association of Long Island Sound, Inc. (hereinafter "JSA").
- 3) The undersigned waives any claims against and releases any obligation of the Club, the Host, the JSA and all of their respective members, employees, agents and all persons serving as members of the Race Committees or Protest Committees or any other person acting in any capacity for the conduct of the program or any Regatta in relation to any loss, injury or damage, on land or at sea, to the Junior Sailor or to the boat or other property of the undersigned or the Junior Sailor to the fullest extent permitted by law.
- 4) The undersigned agrees to reimburse the Club, the Host, the JSA and all of their respective members, employees, agents and all persons serving as members of the Race Committees or Protest Committees or any other person acting in any capacity for the conduct of the Program or any Regatta for any loss or damage to property, and hold the Club, the Host and the JSA harmless from any claim, loss or injury caused by the negligence, or misconduct of, or failure to exercise reasonable care by the Junior Sailor.

I have thoroughly read and understand the 2005 Waiver Agreement. By signing this document, I acknowledge the execution of this agreement and agree to each of the provisions listed above.

Signature of Parent/Guardian _____ Dated _____

PARTICIPANT & MEDICAL INFORMATION

HOME ADDRESS

HOME PHONE (____) _____ FAX (____) _____ E-MAIL _____

DATE OF BIRTH _____ MALE / FEMALE

MOTHER'S NAME _____ FATHER'S NAME _____

MOTHER'S WORK PHONE (____) _____ HOME (____) _____ CELL (____) _____

FATHER'S WORK PHONE (____) _____ HOME (____) _____ CELL (____) _____

PHYSICIAN: _____ PHONE (____) _____ NAME OF INSURED _____

INSURANCE CO. _____ POLICY # _____ GROUP # _____

Chronic illness, medical conditions, allergies or medication being taken (Please list, or write none)

MEDICAL AUTHORIZATION

I hereby authorize a coach from my Club or the Host, or an adult who bears this document, to authorize emergency treatment for the Junior Sailor named above in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of the emergency.

Signature of Parent/Guardian _____

Dated _____

**** EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED:**

_____	(____) _____	(____) _____
Name	Home Phone	Work Phone
	Relationship to Sailor	

_____	(____) _____	(____) _____
Name	Home Phone	Work Phone
	Relationship to Sailor	