

Parent's Consent & Waiver of Liability – Assumption of Risk Indemnity Agreement

****Please send in one copy for each participating child in the family****

Junior Sailor Name: _____

Summer 2011

I the undersigned parents or legal guardians (hereafter referred to in the singular) of _____ (the "child"), request and consent that the child be permitted to participate in events sponsored, endorsed, or assisted by Ida Lewis Yacht Club, including the use of boats that may be owned or maintained by said Ida Lewis Yacht Club (the "activities"). In consideration of such permission being granted, I agree as follows:

1. **WAIVER OF LIABILITY:** I for myself, my child, my heirs, personal representative and assigns forever release, remise, discharge and agree to save and hold harmless and indemnify Ida Lewis Yacht Club, its members, directors, officers, agents, employees, volunteers and owners and lessees of premises, upon which activities are held, the participants therein and the owners and lessees of all race equipment used therein (herein referred to as "the Releases") of and from any and all liability, claims, actions, and possible causes of actions whatsoever, including negligence of any of the foregoing that may accrue to me, my child, my heirs, and personal representatives and assigns from every and any loss, damage and injury (including death) that may be sustained to me, my child and property while in, about, and enroute into and out of premises and property upon which the activities are held.

(Please initial to indicate that you have read this paragraph _____).

2. **ASSUMPTIONS OF RISK:** I am aware that the activities involve potentially hazardous conditions, which may include, among other things, maneuvering a boat on deep waters, strong winds and high waves, sudden unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks, pilings, piers and buoys. With knowledge of the dangers involved, I voluntarily ask and consent that my child be allowed to take part in the activities. I **ACCEPT ANY AND ALL RISKS TO MYSELF AND MY CHILD OF INJURY, DEATH AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF FACILITIES AND PROPERTY OF IDA LEWIS YACHT CLUB, SPECIFICALLY INCLUDING ANY INJURY OR DAMAGE CAUSED BY THE NEGLIGENCE OF ANY OF THE RELEASEES.**

(Please initial to indicate that you have read this paragraph _____).

3. **INDEMNITY AGREEMENT:** I agree to indemnify and hold releases harmless from any loss, liability, damage or cost including reasonable attorney's fees they may sustain or incur due or relating to my child's participation in the activities and use of the property and facilities of Ida Lewis Yacht Club, specifically including any such loss, liability, damage or cost resulting from the negligence or other action, of the Releases.

(Please initial to indicate that you have read this paragraph _____).

NOTICE: Rhode Island Law provides that certain persons who assist in organizing or conducting youth sport programs under the auspices of a non-profit corporation, such as the Ida Lewis Yacht Club, are immune from civil liability (RI General Laws 9-1-48).

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES WAIVER OF LIABILITY, AN ASSUMPTION OF RISK AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASEES, AND I SIGN IT OF MY OWN FREE WILL.

Parent's Signature

Date

Witness

IDA LEWIS YACHT CLUB JUNIOR SAILING PROGRAM

MEDICAL HISTORY & RELEASE

Summer 2011

Please send in one copy for each participating child in the family

Junior Sailor Name: _____

CLASS

Mother _____ Father _____

Phone: Home _____ Home _____

Work _____ Work _____

Cell _____ Cell _____

Address _____

Summer Address (if different) _____

Emergency Contact: Name _____ Relation _____

Phone: Home _____ Work _____ Cell _____

My child is healthy and may participate in all activities related to the Junior Sailing Program.

Parent/Guardian Signature _____

Child's Physician _____

Physician's Phone Number _____

Medications _____

Allergies _____

Other medical conditions or concerns: (recent surgery, asthma or other breathing problems, hemophilia or other bleeding problems, seizures, diabetes, etc.) _____

Is there anything we should know that can make this a fun and happy summer for your child?

Medical Insurance Information: Parent/Guardian's Insurance Coverage:

Policy Holder _____ Carrier _____

Policy # _____ Group # _____

As the parent/guardian of the above named student, I hereby acknowledge that the risk of injury, including serious debilitating injury, is involved in athletic participation. I recognize that Ida Lewis Yacht Club and the Junior Sailing Program and their representatives make efforts to reduce these risks, but further recognize that their efforts cannot and will not eliminate all such risks. I am aware of the risks involved, and give my consent for the above named student to participate in all activities associated with Ida Lewis Yacht Club and the Junior Sailing Program.

I am aware that Ida Lewis Yacht Club and the Junior Sailing Program does not carry medical insurance for students and that medical insurance coverage will be provided by parent/guardian. Evidence of such coverage is provided above. I further release and hold harmless Ida Lewis Yacht Club, the Junior Sailing Program, its Officers, Directors and employees, from any and all liability arising from the above-named student's participation in the Ida Lewis Yacht Club, the Junior Sailing Program and all related activities.

PARENT/ GUARDIAN EMERGENCY TREATMENT AUTHORIZATION

I hereby grant permission to any appropriately qualified health care professional to give any and all medically appropriate emergency care to my son/daughter/ward, including but not limited to anesthesia and surgery.

Signature: _____

Date: _____