

2009
MDI COMMUNITY SAILING CENTER
MEDICAL EMERGENCY, RELEASE, AND LIABILITY INFORMATION

*Name of child: _____
Last Name First Name

*Parent/Guardian Name: _____

*Winter Address: _____

Child's Age _____ Birth date _____ Sex _____

*Emergency Contact: _____
Name Phone Relationship

Known Allergies: _____

Physical Limitations/Medication (explain): _____

Date of last Tetanus Shot: _____ Local Physician: _____
Name Phone

Other medical concerns:

I hereby give my consent, in the event of a medical emergency when I cannot be contacted, for staff of MDICSC to obtain whatever treatment may be necessary for _____. I certify that my child is able to swim, that I give my authorization for the above named child to receive treatment by a physician in any hospital emergency department or clinic, and I hereby hold The MDI Community Sailing Center, the Board of Directors and staff and its assigns harmless from any incident that may arise from my child's participation in any MDICSC programs.

Parent or Guardian Signature

Date Signed

I grant to the MDI Community Sailing Center, its representatives and employees the right to take photographs of myself or my child, _____.
I authorize the MDI Community Sailing Center, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the MDI Community Sailing Center may use such photographs of me with or without my name and for any lawful purpose, including but not limited to such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Date _____

In consideration of accepting the participation of _____ (Participant) in the PROGRAMS and RELATED ACTIVITIES of the MDI Community Sailing Center (MDICSC) and of the substantial volunteer efforts of its officers, directors, members, agents, employees, and associated volunteer personnel, the undersigned hereby agrees to:

1. waive and release any claim, including those for negligence, gross negligence or equivalent misconduct, the Participant may have in the future against MDICSC and its officers, directors, members, agents, employees, and associated volunteer personnel, arising out of, or incident to, the conduct of MDICSC events.
2. acknowledge and agree that neither MDICSC nor its officers, directors, members, agents, employees, or associated volunteer personnel assumes or accepts liability or responsibility for property damage to any boat or personal injury to the Participant while participating in such PROGRAMS and RELATED ACTIVITIES and any such damage or injury shall be the responsibility of the Participant.

Signature _____ Date _____

Printed Name _____

Acting as: (check only one)

- Parent
- Guardian
- Agent
- Self

□