

**2009 Key Biscayne Yacht Club
MEDICAL RELEASE and Waiver**

**This form may be faxed
Attn: Karen Tone, Sailing Director at 305.361.9209**

This form must be signed by a parent or a legal guardian for each participant. No sailor may register, compete or participate in KBYC programs without a signed, completed medical release.

Medical Release: In the event of an emergency requiring medical attention for my child, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any medical professional licensed under the laws of the State of Florida. I understand that this permission is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned medical personnel in the exercise of their best judgment may deem advisable. I understand that reasonable efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if I cannot be reached.

Parent Signature _____ Date _____

Participant's Name	
Date of Birth	
Emergency Contact Name	
Emergency Contact Phone	
Alternate Phone	
List all medications sailor is currently using	
Describe any medical conditions or allergies to be aware of in the event of a medical emergency	
Date of last tetanus shot	
Blood type	
Primary Physician	
Physician Phone	
Insurance Company	
Policy Number	

Parent's Consent and Waiver of Liability-Assumption of Risk-Indemnify Agreement AND PHOTO RELEASE

Participant's Name _____

The undersigned parent or legal guardian (hereafter referred to in the singular) of the above named child (herein referred to as the "child"), request that the child be allowed to participate in the activities at the Key Biscayne Yacht Club (herein referred to as "the activities").

The agreement shall remain in effect until the Key Biscayne Yacht Club ("KBYC") receives written notice of the cancellation of the consent or until the end of the activities described above.

In return for the child being permitted to take part in the activities and to use the facilities, equipment, and property of the KBYC, each of us makes the following promises and warrants the truth of the following facts.

1. I am familiar with the programs included in the activities, and I understand officers and employees of the KBYC are available to discuss the activities should I wish additional information. I also understand I or the appointed chaperone is solely responsible for the arrival and departure of my child at the beginning and end of each day's program. I will not allow my child to remain on the premises of the KBYC after each day's program without providing appropriate supervision or the written permission of the KBYC. I agree that the KBYC will have no responsibility for the supervision of my child at times other than during the scheduled activities. I will inform my child that he/she is expected to cooperate with and follow the directions of the persons in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.
2. My child is in good health, and I know of no reason why he/she would be incapable of participating in the activities. My child knows how to swim.
3. WAIVER OF LIABILITY: I waive and release my rights I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of or prosecute the KBYC or any of its members, directors, officers, agents, employees and affiliated organizations (herein referred to as "the releases") for monetary damages caused by injury to my child or damage to the property of my child or arising from my child's participation in the activities and use of the facilities and property of KBYC, whether or not the injury or damage results from the negligence or other action, except intentional acts of any of the releases.

❖ Initial to indicate that you have read this paragraph_____

4. ASSUMPTION OF RISK-I am aware that the activities may involve maneuvering a boat, sailboard, or other watercraft on deep water in potentially hazardous conditions which may include among other things, strong winds, high waves, sudden and unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks, pilings and buoys. With the knowledge of the dangers involved I voluntarily ask 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 OF THE KBYC, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION, EXCEPT IN INTENTIONAL ACTS OF ANY OF THE RELEASES.

❖ Initial that you have read this paragraph_____

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

Date_____

Parent's Signature_____

Print name_____

Participant_____

PHOTOGRAPHY RELEASE

I AGREE TO ALLOW KBYC STAFF AND/OR PARTICIPANT PARENTS OR OTHER VOLUNTEERS TO PHOTOGRAPH MY CHILD AND USE IN MARKETING MATERIALS AND OR WEBSITE CONTENT FOR KBYC AND KBYC YOUTH PROGRAMS.

Date_____

Parent's Signature_____