

Medical Consent Form

Only completely filled in forms will be accepted. Doublehanded skippers and crews must EACH complete and sign separate copies of this form. Please attach a copy of your health insurance card.

NAME OF PARTICIPANT (printed): _____

NAME OF PARENT OR GUARDIAN (printed): _____

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child named above as "Participant") or in the event of illness of myself, my spouse or any child of mine while on or about the premises of the Host Club/Organization while participating in an event under the auspices of the Host where I am unable to consent or am not present

- I hereby voluntarily consent to the furnishing to myself, my spouse or any child of mine of such medical care and treatment by any hospital or physician(s) as the hospital or physician(s) deem necessary or advisable.
- I authorize any officer or member of the Host to consent to such medical care or treatment.
- I agree to pay the reasonable cost of such medical care or treatment and to indemnify and hold free and harmless of all liability for such cost the Host and US SAILING and its officers and members.

I hereby authorize any x-ray examination, anesthetic, medical or surgical diagnosis or procedure supervised by any member of the medical staff or of a dentist licensed under the State Education Law and/or Public Health Law of the State and of the staff of any hospital holding a current operating certificate issued by the State Department of Health. This authorization is given in advance of any specific diagnosis, treatment or hospital care being required in order to provide authority to render care, which the aforementioned physician in his best judgment may deem advisable. Effort shall be made to contact me before rendering treatment to the patient, but any of the above treatment will not be withheld if I cannot be reached.

Signature of Parent/Guardian: _____ Date: _____

IN CASE OF EMERGENCY CALL:

NAME	RELATIONSHIP	PHONE NUMBER

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

NAME	PHONE NUMBER	DATE OF LAST EXAM

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER

PLEASE FILL OUT THE REVERSE SIDE

WAIVER AND RELEASE OF LIABILITY FOR PARTICIPANT UNDER AGE OF 18 YEARS OLD

1. I recognize that sailing is an activity that has an inherent risk of damage and injury associated with it. I have read the current Rules of Racing and hereby acknowledge and agree that we are participating in the event entirely at our own risk. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. I acknowledge and agree that neither the organizing authority, Red Gear Racing, all sponsors, race committee, protest committee, designated volunteers, nor any other organization or official involved with this event will be responsible for:

(a) any damage to the entered boat or my other property, or (b) any injury to myself or my crew, including death, sustained as a result of the participation of myself, my crew and the boat in this event.

3. I hereby waive any rights I may have to sue the race organizers (the organizing authority, Red Gear Racing, all sponsors, race committee, protest committee, designated volunteers, or any other organization or official involved with this event) with respect or personal injury or property damage suffered by myself or my crew, as a result of our participation in this event and hereby release the race organizers from any liability for such injury or damage to the fullest extent permitted by law.

4. I have taken all necessary steps to ensure that myself, my crew and the entered boat are adequately prepared for all possible contingencies, including appropriately safety equipment by law, sailing instructions or that a prudent seaman would consider advisable

5. I understand this document has important legal consequences and have consulted such legal and other advisors, as I deem appropriate before signing.

6. All participants and their guest will adhere to local, state and federal requirements regarding Covid-19. Failure to comply will be considered misconduct.

7. Any prize awarded is at the discretion of the Organizing Authority and is based on actual attendance. The Organizing Authority will not be liable for cash prizes/award after the fact or in the event of an appeal.

8. Each participating boat is insured with valid third-party liability insurance with a minimum coverage of \$1000,000 US, per event or the equivalent.

PRINTED NAME OF PARTICIPANT: _____

PRINTED NAME OF PARENT OR LEGAL GUARDIAN: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

MEDICAL AND EMERGENCY INFORMATION

NAME: _____ SEX ____ (M) ____ (F)

ADDRESS: _____
Street/P.O. Box

City _____ State _____ Zip _____

PHONE: _____ (home) _____ (emergency cell)

DATE OF BIRTH: _____

THE PARTICIPANT AND HIS OR HER PARENTS MUST ANSWER THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE:

Please check those that apply: (Provide necessary details below)

CHRONIC AILMENTS:	ALLERGIES:	
ASTHMA OR OTHER RESPIRATORY PROBLEMS	MEDICATION	
DIABETES OR HYPOGLYCEMIA	LATEX	
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS	BEE STINGS/INSECT BITES	
CIRCULATORY OR HEART PROBLEMS	IF YES, DO YOU CARRY AN EPIPEN?	
EPILEPSY/SEIZURE	FOODS	
OTHER	OTHERS, IF SIGNIFICANT	

DATE OF LAST Tdap (Tetanus/Diphtheria/Acellular Pertussis) SHOT: _____

CURRENT MEDICATIONS AND DOSAGE, IF ANY: _____

DETAILS: _____

PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION.

ATTACH A COPY OF YOUR HEALTH INSURANCE CARD TO THIS FORM.

THANK YOU!