

**ASSUMPTION OF ALL RISKS, WAIVERS, AND RELEASE**

**This document affects your legal rights. Please read the document before signing.**

**Parent/Guardian First and Last Name:** \_\_\_\_\_

**Child's First and Last Name:** \_\_\_\_\_

**Parent/Guardian Address:** \_\_\_\_\_

**Parent/Guardian Home Phone:** \_(\_\_\_\_\_)\_\_\_\_\_

**Parent/Guardian Cell Phone:** \_(\_\_\_\_\_)\_\_\_\_\_

**Parent/Guardian Email Address:** \_\_\_\_\_

**ASSUMPTION OF ALL RISKS, WAIVERS, AND RELEASE**

I acknowledge that sailing and its related activities carry various risks of property damage, injury and even death. In return for permitting the above named minor child to participate in the Richmond Yacht Club learn to sail (hereinafter referred to as "the event"), I, on behalf of myself and anyone else who might or could make a claim if the above named minor child is injured or killed or his/her property is damaged, DO HEREWITH VOLUNTARILY ASSUME ANY AND ALL RISKS OF ALL SUCH ACTIVITIES. BY THIS DOCUMENT, I EXPRESSLY INTEND TO AND DO HEREWITH WAIVE IN ADVANCE, AND DO HEREWITH RELIEVE AND RELEASE ALL THOSE PERSONS AND ENTITIES INVOLVED IN ANY WAY IN PUTTING ON THE EVENT (including but not limited to the event sponsors, the event committee, the Richmond Yacht Club, their officers, directors, members, volunteers, employees, servants, agents, contractors, subcontractors, heirs, next of kin, successors, or assigns, all hereinafter collectively referred to as "Hosts") FROM, ANY AND ALL LIABILITY FOR PERSONAL INJURY, DEATH, AND/OR DAMAGE TO PROPERTY, ARISING OUT OF OR IN ANY WAY CONNECTED TO THE ABOVE NAMED MINOR CHILD'S PARTICIPATION IN THE EVENT AND/OR ANY RELATED ACTIVITIES, prior to, during, or after the event, whether on or off the water, EVEN IF SUCH INJURY, DEATH, AND/OR DAMAGE IS CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR OTHER FAULT OF SUCH PERSONS OR ENTITIES, BY THE DANGEROUS OR DEFECTIVE CONDITION OF ANY PROPERTY, PREMISES (including but not limited to the Club, docks, ramps, floats, etc.) OR EQUIPMENT OWNED OR MAINTAINED OR CONTROLLED BY THEM, AND/OR BECAUSE OF THEIR LIABILITY WITHOUT FAULT.

I agree that the jurisdiction and venue for any dispute will be Contra Costa County, California, and that California law will govern any arbitration or litigation. If any provision of this Waiver and Release is determined to be illegal, unenforceable, or otherwise invalid for any reason, such provision will be deemed to be severed and deleted. Neither such provision nor its severance and deletion shall in any way affect the validity of the remaining provisions. I have read this agreement and fully understand its contents. I am aware that this is a release of liability and a waiver of all claims, and I sign of my own free will.

**MEDICAL EMERGENCY:** In case of an emergency due to illness or accident, when the RYC cannot contact Parent/Guardian, the RYC authorities have my permission to use their best judgment in the

interest of the above named minor child's health. It is understood that the effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that the treatment will not be withheld if the undersigned cannot be reached. I/We understand that the RYC does not provide accident medical insurance for the program participants. I/We further understand that all costs related to medical treatment shall be my/our responsibility and not the RYC responsibility. I/We further understand that the RYC may release any medical information to the medical providers.

**Parent/Guardian Signature for Assumption of all risks, waivers and release**

The undersigned does hereby represent that he/she is, in fact, acting in such capacity and on behalf of himself/herself and the above-named minor child, agrees to and accepts all of the terms and provisions of foregoing WAIVER AND RELEASE OF LIABILITY. The undersigned further authorizes and consents to emergency medical treatment for the child should the same become reasonably necessary during the child's participation in the event and/or any related activities. The parent/guardian understands that the RYC will not be responsible for any medical or legal bills arising out of any incident that may occur.

\_\_\_\_\_

Parent/Guardian Print Name

\_\_\_\_\_

Today's Date

\_\_\_\_\_

Parent/Guardian Sign your name on this line

\_\_\_\_\_

Today's Date