

Palm Beach Sailing Club

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West Palm Beach, FL 33407 www.PBSail.org

office@pbsail.org

Palm Beach Sailing Club

Camp/Regattas 2015

Medical Waiver / Release

Child's Name _____

Address _____

City/State/Zip _____

Date of Birth _____ Medical Conditions _____

List Allergies & Medications _____

Physicians Name _____ Physician Phone # _____

EMERGENCY CONTACTS:

#1 Name & Phone : _____

#2 Name & Phone : _____

I hereby authorize my child to participate in the Palm Beach Sailing Club 2015 Camp Program or Regattas. In consideration of the Palm Beach Sailing Club, a not-for-profit Florida corporation, providing sailing instructions to my child, I hereby release, acquit, and discharge the Palm Beach Sailing Club, its successors and assigns, its employees, agents, members, volunteers officers and directors from all claims, demands, actions, causes of action (including negligence and/or strict liability), damages, injuries and cost of any nature or kind whether property, personal injury or bodily injury or any other type of injury or damage that may arise from my child's participation in the sailing program as well as the use of the facilities of the club and its equipment. This release is on my behalf as the parent or legal guardian of the above named child and any person claiming through my child. I understand the risks inherent in the sport of sailing and in water sports in general, and in any activity involving children. I also understand that my child will be required to have basic swimming skills and will wear a life jacket at all times in or around the water. I also agree the photos or videos of my child may be taken during these events and I give my permission for the use of these photos or videos on any Club websites or brochures.

I also attest that my participating child is free and unencumbered from any physical or mental impairment and is free of any contagious or infectious disease that might interfere with his or her health or safety during this program.

I give Authorization to the Palm Beach Sailing Club for treatment in the event of any accident or injury if I cannot be reached.

Any person signing this document as parent or on behalf of a parent agrees to indemnify and hold harmless PBSC, its officers, employees, race committees, race participants, guests, agents, or anyone else associated with summercamp/regattas from any and all claims or lawsuits in which the minor child may bring. This indemnification and hold harmless agreement includes, but is not limited to: all

Lessee Initial _____ Lessor Initial _____

damages, settlements, costs, and all attorneys fees incurred in defense of such claims.

**NOTICE TO THE MINOR CHILD'S NATURAL
GUARDIAN**

READ THIS FORM COMPLETELY AND CAREFULLY, YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE THAT YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM PALM BEACH SAILING CLUB OR ITS REPRESENTATIVES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND PALM BEACH SAILING CLUB AND ITS REPRESENTATIVE HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I have read and attest that I agree with the above and all the terms on the front side of this document.

_____ /2015

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

Lessee Initial _____ Lessor Initial _____