

**AMERICAN YACHT CLUB SAILING SCHOOL
ADULT SAILORS
WAIVER OF LIABILITY AND MEDICAL
CONSENT/INFORMATION FORM**

Sailor's Name: _____ Session Attending: _____

Telephone # (H) _____ (W) _____ (Cell) _____

Medical Insurer: _____ Insurer Tel # _____

Subscriber's Name: _____ Policy/subscriber # _____

Family Doctor: _____ Phone: _____

Emergency Contact: _____ Phone: _____ Relation _____

Please fully describe all medical needs or concerns:

Date of last tetanus shot: _____ Allergies: _____

Current medications: _____ Drug Allergies: _____

Physical Challenges: _____ Learning Disabilities: _____

Worries/Fears: _____

(PLEASE USE REVERSE SIDE IF ADDITIONAL SPACE IS NEEDED)

The undersigned hereby acknowledges that the execution of this Agreement is a condition of the participation of the American Yacht Club's Sailing School Program ("Program"). The undersigned accepts that the sport of sailing and the conduct of the Program entail and are subject to certain inherent risks and the undersigned accepts all risks on land and at sea of participation in the Program. Now, therefore, the undersigned does hereby agree as follows:

1. The undersigned voluntarily consents to Participation in the Program and agrees that this Agreement will extend to the American Yacht Club Sailing School Program ("AYCSS") and the American Yacht Club, Incorporated ("AYC").
2. The undersigned waives any claim against and releases any obligation of AYCSSL, AYC and all of their respective members, officers, directors, employees and agents and all persons serving as members of the Race Committees or Juries, or any other person acting in any capacity for the conduct of the Program or any Regatta (each an "Indemnified Person") to the undersigned, including any claims for personal or bodily injury, or to the boat or other property of the undersigned to the fullest extent permitted by law.
3. The undersigned agrees to reimburse AYCSSL, AYC and each Indemnified Person for any loss or damage to property, and to indemnify and hold AYCSSL, harmless from any claim, loss or injury caused by the intentional act, negligence, misconduct, or failure to exercise reasonable care including costs and fees.

MEDICAL PERMISSION: The undersigned hereby authorizes an instructor from the Program or an adult who bears this document to authorize emergency treatment in the event that the emergency contact cannot be reached at the above telephone numbers at the time of the emergency.

Date: _____ Signature: _____ Print Name: _____