CSC JUNIOR SAILING CLASS CONSENT & MEDICAL RELEASE

Summer 2020

Sailor's Name _____

Parent's/Guardian's Name _____

Home Ph._____ Work Ph. _____Mobile Ph. _____

Email (1)_____

Email (2)_____

Sailor is Enrolled In:

Session 1 A: June 8 - June 19 (Class Session: 9:00 a.m. – 2:00 p.m.)	
Session 1 B: Teen Camp: June 8 - June 19 (Class Session: 3:00 p.m. – 6:00 p.m.)	
Session 2 A: June 22- July 3 (Class Session: 9:00 a.m. – 2:00 p.m.)	
Session 2 B: Race Camp: June 22-July 3 (Class Session: 3:00 p.m. – 6:00 p.m.)	
Session 3: July 13 – July 24 (Class Session: 9 a.m. - 2 p.m.)	

RELEASE, WAIVER AND RETENTION OF RIGHTS AGREEMENT

IN CONSIDERATION OF acceptance of my application and the substantial volunteer efforts of the officers, directors, members, employees, representatives and associated volunteers by/for the Corinthian Sailing Club, THE UNDERSIGNED HEREBY –

1. WAIVES AND RELEASES ANY AND ALL CLAIMS, INCLUDING THOSE OF NEGLIGENCE OR EQUIVALENT CONDUCT WHICH I MAY HAVE AGAINST THE HOST, ITS DIRECTORS, MEMBERS, EMPLOYEES, REPRESENTATIVES, ASSOCIATED VOLUNTEERS, AND SPONSORING ENTITIES RESULTING FROM MY PARTICIPATION IN THE JUNIOR SAILING CLASSES, RACING CLINIC, RACE TEAM PRACTICE SESSIONS AND ALL ACTIONS RELATED THERETO.

2. Retains any and all right against other participants for any wrongful acts by them; and retains all rights against the Host, its directors, members, employees, representatives and associated volunteers for the event which are not related in any way to my participation in, the preparations for, the racing, return, protests and removal of my boat from the site of the event.

If any provision of the agreement is not enforceable, such determination shall not affect the enforceability of the remaining provisions of this agreement. This agreement shall be construed and enforced under the laws of Texas.

Student's signature _____ Age _____ Date_____

Parent's or Guardian's signature _____ Date_____

MEDICAL CONSENT FORM

NAME OF PARTICIPANT: _____AGE:_____

NAME OF PARENT/GUARDIAN (printed): _____

HOME ADDRESS:_____

TELEPHONE NO:_____ CELL PHONE: _____

In the event of accident, injury or illness involving any child of mine (specifically including my child named above as the "Participant") or me or my spouse while in, on, or about the premises of the Corinthian Sailing Club and/or a Texas Sailing Association ("TSA") member yacht club (the "Club") or while participating in any activity sponsored by or under the auspices of said Club under circumstances where I am physically unable to consent or am not present,

1. I hereby voluntarily authorize and consent to the furnishing to myself, my spouse, or any child of mine of such medical care, attention, and treatment by any hospital, physician or dentist as such hospital, physician or dentist may deem necessary or advisable, including any x-ray examination, anesthetic, medical, or surgical diagnosis or procedure.
2. I authorize any adult associated with the activity to consent to such medical care, attention and treatment.
3. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the assisting adult, the Club, TSA and the officers, employees and members of said organizations.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

ALTERNATIVE PERSONS TO CONTACT IN CASE OF EMERGENCY:

_____

NAME RELATIONSHIP PHONE NUMBER

_____

NAME RELATIONSHIP PHONE NUMBER

PRIMARY CARE PHYSICIAN:

_____

NAME PHONE NUMBER

PLEASE LIST ANY ALLERGIES OR IMPORTANT MEDICAL INFORMATION: _____

_____

ATTACH COPY OF HEALTH INSURANCE CARD, OR COMPLETE THE FOLLOWING:

_____

HEALTH INSURANCE CARRIER INSURANCE ID NO. NAME OF INSURED

_____

PHONE NO. FOR VERIFICATION CLAIMS MAILING ADDRESS

I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care providers.
This consent shall be valid for one (1) year from the date of signing.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____