Youth Sailing Program of the Queen’s Harbour Yacht Club, Inc.

Medical Release – Waiver of Liability – Photo Release – Emergency Info

Sailor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sail Queen’s Harbour Sailing Program: TICK OR TREAT REGATTA

I (Parent / Guardian Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand the activities involved in the Queen’s Harbour Yacht Club’s Sailing Club and do hereby enroll my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sailor’s Name), a minor, to participate in the above Sailing / Boating Program.

I authorize the Queen’s Harbour Yacht Club, Inc., its officers, directors, agents and employees to sanction medical treatment and /or transportation of my child in case of emergency accident or illness, understanding that I shall be responsible for the costs of such treatment.

I certify that my child is healthy with consideration for the following restrictions or health concerns: (list recent surgeries, asthma or other medical conditions): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I also certify that I will provide a U. S. Coast Guard approved Personal Floatation Device (PFD) for my child and my child will wear it at all times when sailing or on a dock. I understand that photographs may be taken of me and my child for use in Sail Queen’s Harbour and/or Captain Jack Sailing promotions and I authorize their use for such promotions.

To the extent allowed in accordance with Florida General Laws, I hereby waive any liabilities that the Queen’s Harbour Yacht Club, Inc., the Queen’s Harbour Property Owners’ Association or Club Corp of America, its officers, directors, agents or employees might have for, and agree that said officers, directors, agents or employees shall not be liable for any bodily injury to my child.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jax, FL/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: Parent or Guardian must remain on-site with their child (children) during this event**.