

# Medical Consent & Liability Release Agreement

---

Participant's First Name

---

Participant's Last Name

---

Allergies – Food/Medication/Other

In the event of accident, injury, or illness involving any child of mine, or any child in my care (specifically including the child named above as "Participant"), or myself, my spouse, or any other member of my family while participating in any activity sponsored by or under the auspices of The Nassau Yacht Club, the Bahamas Optimist Dinghy Association or the Bahamas Sailing Association (which three organizations are collectively referred to as "the said Organizations"), under circumstances where I am physically unable to consent, or am not present, I hereby voluntarily authorize and consent to the furnishing to the Participant, myself, my spouse, or any other member of my family, of such medical care, attention, and treatment by any hospital, clinic, physician or dentist as such hospital, clinic physician, or dentist may deem necessary or advisable, including x-ray examinations, anesthetic, medical or surgical diagnosis, or procedure. I authorize any adult associated with the activity to consent to such medical care, attention, and treatment, 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 said Organizations and their directors, officers, employees, members, and regatta volunteers. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment may be withheld if the undersigned cannot be reached.

---

Primary Care Physician

---

Physician's Phone Number

---

Health Insurance Company

---

Group Number (if applicable)

---

Name of Insured

---

Policy Number

I agree that a photocopy of this consent, or a photocopy sent by facsimile, or pdf format file sent by e-mail attachment may be accepted by any healthcare provider. This consent shall be valid for one (1) year from the date of signing.

## Emergency Information

---

Emergency Contact's Name

---

Relationship to Participant

---

Phone Number

---

Alternative Number

In consideration of acceptance of the registration of the above "Participant" to participate in the regatta and recognizing the risks associated with the sport of sailing, the undersigned hereby waives all claims for personal injury and property damage and hereby indemnifies the said Organizations and all of their directors, officers, members, employees, regatta volunteers, and sponsors of and from any and all claims and liabilities of whatever kind, including those of negligence, which I or the "Participant" might have, arising out of participation in the regatta and all activities relating thereto.

I have read and agree to these terms.

---

Parent/Guardian

---

Date