WAIVER OF LIABILITY/RELEASE OF RISK INTERSCHOLASTIC SAILING ASSOCIATION

(ISSA) Student Name: _____

School: _____

Student e-Mail: _____

As the parent/guardian of the above named student, I hereby acknowledge that Sailing is an activity that has an inherent risk of damage and injury. Competitors in this event are participating entirely at their own risk. See RRS 3, Decision to Race. The ISSA and race organizers (organizing authority, race committee, host club, sponsors, or any other organization or official) will not be responsible for damage to any boat or other property or the injury to any competitor, including death, sustained as a result of participation in this event. By participating in this event, each competitor agrees to release the ISSA and race organizers and officials from any and all liability associated with such competitor's participation in this event to the fullest extent permitted by law.

Date: _____

Signature: _____

Print Name: _____

Relation to Named Student: _____

E-Mail (Parent/Guardian 1): _____

E-Mail (Parent/Guardian 2): _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

The undersigned parent or guardian of a minor does hereby consent to emergency X-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, or dentist under the Dental Practice Act. It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physicians in the exercise of their best judgment may deem advisable. It is understood that efforts shall be made to contact the undersigned or Emergency Contact prior to rendering treatment, but treatment will not be withheld if they cannot be reached.

Parent or Legal Guardian (Print Name): _____

SIGNATURE (Parent or Legal Guardian): _____

Mother's Phone (h): _____(w): _____ (c): _____

Father's Phone (h): _____(w): _____ (c): _____

Legal Guardian (h): _____(w): _____ (c): _____

Family Doctor: _____ Phone: _____