

2008 SCORPION BOWL JUNIOR REGATTA

LIABILITY WAIVER AND MEDICAL RELEASE

The waiver of responsibility and the medical release must be signed by a parent or a legal guardian for each participant (skipper and crew). No sailor may register or compete without a complete and signed waiver and release.

Waiver and Release of Liability: In consideration of the benefits received by myself, my spouse and my child by participation in this Regatta, I, on behalf of myself, my spouse and my child named below, to the fullest extent permitted by laws hereby release the Hull Yacht Club and its officers, members, employees and agents, and, to the extent not included in the foregoing, the Regatta race committees, judges, and volunteers from any and all liability, loss, cost, or expense resulting from and hereby waive any claim which I or any member of my family or my guests may have for damages for death, personal or bodily injury, or property damage which arise directly or indirectly from my child's participation in the 2008 Scorpion Bowl Junior Regatta or activities or events associated therewith.

Medical Release: In the event of an emergency requiring medical attention for my child, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any medical professional licensed under the laws of the Commonwealth of Massachusetts and treatment in any hospital holding a current operating certificate issued by the Department of Public Health of the Commonwealth of Massachusetts. I understand that this permission is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned medical personnel in the exercise of their best judgment may deem advisable. I understand that reasonable efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if I cannot be reached.

SKIPPER	CREW (420 & N-10)
Name	Name
DOB	DOB
Fleet and Sail No.	Fleet and Sail No.
Emergency Contact	Emergency Contact
Daytime Phone	Daytime Phone
Evening Phone	Evening Phone
List Allergies to bee stings, food and medication, etc. <p style="text-align: right;">None</p>	List Allergies to bee stings, food and medication, etc. <p style="text-align: right;">None</p>
List all medications that the sailor is using <p style="text-align: right;">None</p>	List all medications that the sailor is using <p style="text-align: right;">None</p>
Physician	Physician
Physician Tel.	Physician Tel.
Insurance Company	Insurance Company
Policy No.	Policy No.
Parent or Guardian Sign and Print Name	Parent or Guardian Sign and Print Name
Sign _____	Sign _____
Print Name _____	Print Name _____
Date _____	Date _____