

Chester Yacht Club Junior Sailing Program 2017

Medical Information Release and Indemnification Lunch Sign-Out

Medical Information:

Sailor's Name _____ Date of Birth _____

Health Card Number _____

Family Physician _____ Phone _____

Emergency Contact - Name and address _____ Home Phone _____

Work Phone _____

Cell Phone _____

Allergies _____

Medications _____

Medical Conditions _____

Restrictions on Physical Activity _____

Learning Issues _____

Additional Information/Comments _____

Release and Indemnification:

I agree and acknowledge that my child will participate in a recreational junior sailing program entirely at his/her own risk, and that he/she is medically fit to undertake such activities. I also agree that participation in the sailing program poses certain inherent risks, which cannot be avoided, and acknowledge that I accept these risks.

I agree and acknowledge that in consideration of the services to be provided, all claims for personal injury, damage, loss of life, or other liability against the Chester Yacht Club (CYC), its officers, directors, employees, contractors, or members, including claims for negligence, are waived.

I give permission to photograph my child, and the perpetual and non-exclusive right to use my child's image in communications produced by the CYC and others in support of the Junior Sailing Program. I waive any right to inspect or approve the finished communications. I understand and agree that there will be no monetary compensation for such use.

Sailor's Parent or Legal Guardian (please print)

Signature

Lunch Sign-Out:

For reasons of safety, we require written permission for any sailor to leave the CYC premises for lunch. Please be advised that the CYC and its employees cannot be held responsible for the safety of your children once they have left the CYC grounds. Sailors are required to inform instructors when they wish to leave for lunch. An instructor or Junior Sailing volunteer will be at the club during the lunch hour.

I, _____, give permission for _____
to leave the CYC grounds for lunch. In doing so I realize that the CYC and its employees cannot be held responsible for my child's well being during his/her absence.

Sailor's Parent or Legal Guardian Signature _____

Any questions email juniorsailing@chesteryachtclub.ca