

**Junior Olympic Sailing Festival  
Massachusetts Bay  
August 9-10, 2010  
Sponsored by Pleon Yacht Club  
Marblehead, MA**

**Medical Consent and Waiver of Liability**

Only COMPLETELY FILLED IN Forms will be accepted. Doublehanded skippers and crews must EACH complete and sign separate copies of this form.

**NAME OF PARTICIPANT :** \_\_\_\_\_

**NAME OF PARENT OR GUARDIAN :** \_\_\_\_\_

HEALTH INSURANCE CARRIER : \_\_\_\_\_

POLICY # \_\_\_\_\_

***Medical Consent***

In the event of accident, injury, or illness while on or about the premises of the Pleon Yacht Club while participating in an event under the auspices of the Pleon Yacht Club or Junior Olympic Sailing Festival Massachusetts Bay, where I am unable to consent or am not present, I, the undersigned parent or legal guardian of \_\_\_\_\_, a minor, hereby:

1. Voluntarily consent to the furnishing of such medical care and treatment by any hospital or physician(s) as the hospital or physician(s) deem necessary or advisable.
2. Authorize any officer, member or volunteer of the Pleon Yacht Club or Junior Olympic Sailing Festival Massachusetts Bay to consent to such medical care or treatment.
3. Agree to pay the reasonable cost of such medical care or treatment and to indemnify and hold free and harmless of all liability for such cost the Pleon Yacht Club or Junior Olympic Sailing Festival Massachusetts Bay, and their respective officers, members, and volunteers.

Signature: \_\_\_\_\_ Name : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone (parent/guardian): \_\_\_\_\_

Cell Phone (parent/guardian): \_\_\_\_\_ Cell Phone (local contact) : \_\_\_\_\_

***Waiver of Liability***

I recognize and understand that participation in this Regatta is voluntary and that my child incurs risk by participating, including the possibility of injury or death. In consideration of the acceptance of my child's entry, I waive, both for myself and for my child, any and all claims, charges, losses and liabilities including those caused by negligence, against the Pleon Yacht Club or Junior Olympic Sailing Festival Massachusetts Bay, and their respective officers, directors, contractors, employees, members and volunteers, that may arise from or in any way be in connection with the activities of Junior Olympic Sailing Festival Massachusetts Bay. I am aware that the activities of my child may involve maneuvering a boat on water in potentially hazardous conditions which may include, among other things, cold water temperatures, strong winds, high waves, lightning, and collisions with other water craft or stationary objects such as docks, pilings, and buoys. I understand that I am responsible for the actions of my child while he or she is participating in the regatta both on land and at sea and that I am solely responsible for whether or not my child participates or sails each day.

- Signed (parent or guardian): \_\_\_\_\_ Date: \_\_\_\_\_