

Competitors Name (Please Print) : _____

REGATTA PARTICIPATION LIMITED WAIVER & RELEASE

In consideration of allowing my boat/child to race in the CLEVELAND RACE WEEK JUNIOR RACE DAY REGATTA, I, the competitor named in this registration and the parent/guardian whose signature appears below do hereby agree to abide by and be bound by The Racing Rules of Sailing, as issued by the International Sailing Federation and the Prescriptions of U S Sailing (RRS). I ALSO DO HEREBY WAIVE, RELEASE AND CANCEL ANY AND ALL CLAIMS WHICH I MAY OR HEREAFTER HAVE AGAINST EDGEWATER YACHT CLUB, OR ITS OFFICERS, TRUSTEES, RACE ADMINISTRATOR, VOLUNTEERS AND ANY COMMITTEE PERSONS WHICH DO OR DOES ARISE OUT OF MY PARTICIPATION OR UNDERTAKING TO PARTICIPATE IN THE CLEVELAND RACE WEEK, EXCEPT FOR ACTS WHICH ARE NOT RELATED TO OR NECESSARY FOR THIS EVENT. I have and will maintain appropriate liability insurance for damage or injury caused by my actions or negligence and/or those of my minor child and I and the competitor named above have read and understand Fundamental RRS 4 as to my being ".....solely responsible for deciding whether or not to start or to continue racing."

Parent or Legal Guardian Signature: _____ **Date:** _____

MEDICAL CONSENT

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child named on this registration) or in the event of illness of myself, my spouse or any child of mine while in, on or about the premises of the Edgewater Yacht Club or while participating in any activity sponsored by or under the auspices of the Edgewater Yacht Club under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself, my spouse or any of my said children of mine or in my care of such medical care, attention & treatment by any hospital, physician or physicians as such hospital, physician or physicians may deem necessary or advisable.
2. I authorize any officer or member of the Edgewater Yacht Club to consent to such medical care, attention or treatment.
3. 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 as may be incurred by Edgewater Yacht Club and its officers, Employees, Race Committee Officials or volunteers, members and instructors.

I, the undersigned, do 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 member of the medical staff or of a dentist licensed under the provisions of the State of Ohio and/or of any hospital holding a current operating certificate issued by the State of Ohio. It is understood that this authorization 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 any physician in the exercise of his/her best judgment may deem advisable and/or necessary. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Parent or Legal Guardian Signature: _____ **Date:** _____

In Case of Emergency Call: _____ **Phone:** _____

If unable to reach, call: _____ **Phone:** _____

HEALTH INSURANCE CARRIER: _____

INSURANCE ID NUMBER: _____

MEDICAL CONSENT FORM

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THE PARTICIPANT AND HIS OR HER PARENTS MUST RESPOND TO THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE.

CHRONIC AILMENTS

(Check ALL that apply - Detail below):

- ASTHMA, OR OTHER RESPIRATORY PROBLEMS
- DIABETES OR HYPOGLYCEMIA
- HEMOPHILIA, OR OTHER BLEEDING PROBLEMS
- CIRCULATORY OR HEART PROBLEMS
- EPILEPSY
- OTHER (*Detail Below*)

ALLERGIES

(Check ALL that apply - Detail below):

- MEDICATION (Detail Below)
- BEE STINGS/INSECT BITES
- FOODS (Detail below)
- OTHER (Detail below)

DATE OF LAST TETANUS SHOT _____

BLOOD TYPE: _____

CURRENT MEDICATIONS (If Any) _____

Treating: _____

WHEN COMPLETED AND SIGNED, THIS FORM (both pages) MUST BE PRESENTED TO EDGEWATER YACHT CLUB BEFORE THE CLOSE OF REGISTRATION IN ORDER FOR YOUR CHILD TO COMPETE