

# Northeast Junior Olympic Regatta

July 18-19, 2006

**Northeast Harbor Sailing School**

Northeast Harbor, ME

## Medical Consent Form 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 (printed):** \_\_\_\_\_

**NAME OF PARENT OR GUARDIAN (printed):** \_\_\_\_\_

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child named above as "Participant") or in the event of illness of myself, my spouse or any child of mine while on or about the premises of the Northeast Harbor Sailing School, the Northeast Harbor Fleet or the Town of Mt. Desert Facilities while participating in an event under the auspices of the Northeast Harbor Sailing School and Northeast Harbor Fleet where I am unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself, my spouse or any child of mine of such medical care and treatment by any hospital or physician(s) as the hospital or physician(s) deem necessary or advisable.
2. I authorize any officer or member of the Northeast Harbor Sailing School or Northeast Harbor Fleet to consent to such medical care or treatment.
3. I 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 Northeast Harbor Sailing School, Northeast Harbor Fleet, Town of Mt. Desert and US SAILING and its officers and members.

I hereby authorize any x-ray examination, anesthetic, medical or surgical diagnosis or procedure supervised by any member of the medical staff or of a dentist licensed under the State Education Law and/or Public Health Law of the State of Maine and of the staff of any hospital holding a current operating certificate issued by the State Department of Health. This authorization is given in advance of any specific diagnosis, treatment or hospital care being required in order to provide authority to render care, which the aforementioned physician in his best judgment may deem advisable. Effort shall be made to contact me before rendering treatment to the patient, but any of the above treatment will not be withheld if I cannot be reached.

IN CASE OF EMERGENCY CALL:

NAME	RELATIONSHIP	PHONE NUMBER

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

NAME	PHONE NUMBER	DATE OF LAST EXAM

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER

**PLEASE FILL OUT THE REVERSE SIDE**

## MEDICAL AND EMERGENCY INFORMATION

NAME: \_\_\_\_\_ SEX \_\_\_\_\_ (M) \_\_\_\_\_ (F)

ADDRESS: \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_  
City State Zip

TELEPHONE \_\_\_\_\_ (R) \_\_\_\_\_ (B)

DATE OF BIRTH: \_\_\_\_\_

THE PARTICIPANT AND HIS OR HER PARENTS MUST ANSWER THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE:

Please check those that apply: (Provide necessary details below)

CHRONIC AILMENTS:	ALLERGIES:
ASTHMA, OR OTHER RESPIRATORY PROBLEMS	MEDICATION
DIABETES OR HYPOGLYCEMIA	BEE STINGS/INSECT BITES
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS	FOODS
CIRCULATORY OR HEART PROBLEMS	OTHERS, IF SIGNIFICANT
EPILEPSY	

DATE OF LAST TETANUS SHOT: \_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_

CURRENT MEDICATIONS, IF ANY: \_\_\_\_\_

DETAILS: \_\_\_\_\_

### THIS AGREEMENT CONTAINS A RELEASE AND WAIVER – READ FIRST

#### Waiver of Liability

**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 Northeast Harbor Sailing School, the Northeast Harbor Fleet, the Town of Mt. Desert, and their respective officers, trustees, contractors, employees, members, and volunteers, that may arise from or in any way be in connection with the activities of the Regatta. 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, lightening, sudden and unexpected immersion in deep waters 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 in the weather conditions. I and my child also agree that my child is bound by the Racing Rules of Sailing, the applicable class rules, the Notice of Race, and the Sailing Instructions.

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