

Name of High School Sailing Team \_\_\_\_\_

**Fairfield County Sailing League (FCSL): WAIVER AGREEMENT**

High School Sailor \_\_\_\_\_ Parent or guardian \_\_\_\_\_  
please print please print

The undersigned is the parent/guardian of the High School (HS) sailor named above and hereby acknowledges that the execution of this Agreement is a condition to the participation of the High School in his/her own High School Program (hereinafter referred to as the "Program") as stated above. The undersigned accepts that the sport of sailing and the conduct of the Program entail and are subject to certain inherent risks, and, on behalf of the High School Sailor, accepts all risks on land and at sea of participation in the Program. Now, therefore, the undersigned does hereby agree as follows:

- 1) The undersigned consents to the participation of the High School Sailor in the Program and agrees that this will extend to the Cedar Point YC, Indian Harbor YC, Noroton YC, Pequot YC, Riverside YC, and other facilities hosting High School regattas.
2) The undersigned consents to the participation of the High School Sailor in all regattas, clinics, and sailing events (hereinafter collectively referred to as "Regattas") which are a part of the Program and acknowledges that said consent is without exception within the limits proscribed within, unless a specific exception is noted herein. The undersigned further agrees that this Agreement will extend to the benefit of yacht clubs/ sailing associations (hereinafter referred to as "Host Clubs") which are the host to or venue of such Regattas and to the Fairfield County Sailing League (hereinafter referred to as "FCSL"). If exceptions are desired please enter the names of regattas/events to which consent is not given:
3) The undersigned waives any claims against and releases any obligation of the Club, each Host Club, the FCSL and all of their respective members, employees, agents and all persons serving as members of the Race Committees or Juries or any other person acting in any capacity for the conduct of the program or any Regatta in relation to any loss, injury or damage, on land or at sea, to the High School Sailor or to the boat or other property of the undersigned or the High School Sailor to the fullest extent permitted by law.
4) The undersigned agrees to reimburse the Club, any Host Club, the FCSL and all of their respective members, employees, agents and all persons serving as members of the Race Committees or Juries or any other person acting in any capacity for the conduct of the Program or any Regatta for any loss or damage to property, and hold the Club, each Host Club and the FCSL harmless from any claim, loss or injury caused by the negligence, or misconduct of, or failure to exercise reasonable care by the High School Sailor.

Signature of Parent/Guardian \_\_\_\_\_ Dated \_\_\_\_\_

**PARTICIPANT & MEDICAL INFORMATION**

HOME ADDRESS \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ FAX(\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MALE / FEMALE

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

MOTHER'S WORK PHONE (\_\_\_\_) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

FATHER'S WORK PHONE (\_\_\_\_) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ NAME OF INSURED \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ POLICY # \_\_\_\_\_ GROUP # \_\_\_\_\_

Chronic illness, medical conditions, allergies or medication being taken (Please list, or write none)

**MEDICAL AUTHORIZATION**

I hereby authorize an instructor from my Club or Program, or an adult who bears this document, to authorize emergency treatment for the High School Sailor named above in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of the emergency.

Date \_\_\_\_\_ Signature of parent or guardian \_\_\_\_\_

\*\* EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED:

Name (\_\_\_\_) (\_\_\_\_) (\_\_\_\_)
home phone work phone relationship to sailor
Name (\_\_\_\_) (\_\_\_\_) (\_\_\_\_)
home phone work phone relationship to sailor