

Colington Yacht Club Junior Sailing Consent, Release and Indemnity Agreement

I, _____, request that my son/daughter, _____,

be permitted to participate in the Colington Yacht Club Junior Sailing Program and in consideration of my child being permitted to participate in said activities, I hereby release and discharge the Colington Yacht Club, its agents, officers, directors and members from any and all liability of whatsoever kind for any personal injury, sickness, or medical or hospital expense occurring or resulting from or arising out of any activity or substitute activity directly or indirectly connected with Colington Yacht Club's Junior Sailing Program, and I hereby assume all risk of any liability for injury or damage to the person or property of my son/daughter, while engaged in such activities, however caused, and I further agree to indemnify and save harmless the Colington Yacht Club, its agents, officers, directors and members from any and all claims, suits, and liability for injury to the property or to the person of my son/daughter, while engaged in activities at or connected with the Colington Yacht Club Junior Sailing Program.

Parent or Guardian's Signature

Date

This program does not provide health and accident insurance since most families already carry such coverage. Because of this, we ask that you, as a parent, recognize the element of risk and agree to assume that responsibility for yourself and your child. Please provide the following information:

Medical Insurance Company: _____

Policy Number: _____ Group Number: _____

Please Note: If any participant does not adhere to the rules of the Colington Yacht Club Junior Sailing Program, we reserve the right to send that child home without a refund.

Certification, Authorization, Release and Indemnity Agreement for

Medical Services and/or Treatment

We, the undersigned, certify that the medical information given is true and correct to the best of our knowledge and, further, if any changes occur we will immediately notify the Colington Yacht Club.

For valuable consideration received, we hereby authorize the Colington Yacht Club, their officers, directors, agents, servants and or members of the Colington Yacht Club Junior Sailing Committee to obtain or attempt to obtain medical services, care and or treatment for: _____ (child's name) as shall reasonably appear required as a result of accident and or illness that may arise during his/her involvement, and or participation in junior sailing or swim. Prior to obtaining or attempting to obtain each service, care and or treatment, reasonable efforts shall be made to contact the persons listed on the Health and Release Form.

Further, we hereby release the above described person and entities from any and all claims, demands, actions or causes of action which we, our heirs, personal representatives or assigns have or may have arising out of obtaining or attempting to obtain each such service, care and or treatment.

Further, we hereby promise and agree and covenant to totally and completely indemnify, defend and hold harmless the above described persons and entities from any and all claims, demands, actions or causes of action by any person or persons arising out of obtaining or attempting to obtain each such service, care and or treatment, including but not limited to, direct actions, third-party actions, claims, cross-claims, demands or actions for contribution or indemnification.

Parent/Guardian

Signature _____

Date _____