

PARENTAL/GUARDIAN RELEASE AND INDEMNITY

(I/We) hereby authorize \_\_\_\_\_ to participate in the Hawaii Yacht Club (HYC) Junior Sailing Program and excursions and in consideration of (his/her) participation and use of the club facilities and boats, (I/We) hereby release and relieve and agree to indemnify and hold harmless the Hawaii Yacht Club, its officers, trustees, members, agents and employees with respect to any and all claims for property damage, personal injury, death or consequential loss or damage arising out of or incident in the use of any boat or equipment HYC owned or otherwise, in said Junior Sailing Program or use of Club property in connection herewith by my (our) (son/daughter) whether said injuries, death or other damage are suffered as a consequence of negligence of the part of said Club, its officers, trustees, members, agents, employees, or otherwise.

\_\_\_\_\_  
(Signatures of Parents/Guardian)

\_\_\_\_\_  
(Print Names)

EMERGENCY AND MEDICAL INFORMATION

In case of emergency notify: \_\_\_\_\_  
Telephones: Home \_\_\_\_\_ Office \_\_\_\_\_ Other \_\_\_\_\_  
Health Plan \_\_\_\_\_ Number \_\_\_\_\_  
Medical Facility \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Known allergies or medical problems \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a history of or do you currently have any physical limitations that might prevent you from fully participating in this sailing class? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

List any medical factors that would be pertinent in emergency treatment (Allergies, blood type, date of last tetanus injection)  
\_\_\_\_\_  
\_\_\_\_\_

Emergency phone numbers (other than home)  
\_\_\_\_\_

PARENT/GUARDIAN EMERGENCY TREATMENT AUTHORIZATION

I, \_\_\_\_\_ (Parent/Guardian) authorize the Hawaii Yacht Club staff to sanction emergency treatment for \_\_\_\_\_ (son/daughter).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_