

Muskegon Junior Sailing Association Liability Waiver and Emergency Treatment Authorization

I/We the undersigned parent(s), or legal guardian of _____ (the child), a minor, hereby authorize the MJSA and its officers and agents to take whatever actions they believe are warranted under the circumstances for the health and safety of the child, including the placing of the child in the care of a hospital and/or any licensed doctor, dentist or other health care professional. I/We further hereby authorize and consent to any x-ray, examination, anesthetic, surgical or other medical diagnosis, treatment or care (in or out of the hospital) of the child rendered by a licensed medical doctor, dentist or other health care professional, at my/our cost and expense. It is understood that this authorization is given in advance of any such diagnosis, treatment or care that may be provided to the child in order to give authority and power to render any such diagnosis, treatment or care which any such licensed doctor, dentist or other health care professional, in the exercise of his/her professional judgment, may deem advisable. 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 or care may be provided to the child if the undersigned cannot be reached.

Initials _____

Release

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce the MJSA Sailing School to accept his/her child into the MJSA Sailing School, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the MJSA Sailing School, its officers, directors, employees, and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in anywise connected with the operation of the MJSA Sailing School or any activities on or the use of any facilities or equipment of the MJSA Sailing School.

Initials _____

Educational Field Trip Permission

I hereby give permission for my sailor, _____, to make supervised trips to local community and business establishments for water safety and boating industry educational purposes. These outings are administratively approved trips via staff's and/or parent's vehicles. Please note that unscheduled outings may occur on in climate weather days. Classes will be released at the normal time.

Initials _____

Photographic Release

I hereby acknowledge that my child may be photographed while participating in MJSA Sailing School activities and/or programs; I hereby unconditionally authorize MYC or MJSA, at their sole discretion, to use any such photographs in brochures, flyers and any other advertising, promotional or educational materials.

Initials _____

Parent Agreement

I/We understand that I/we are responsible for our child's or grandchild's behavior and conduct while at the MJSA Sailing School and will see to it that our child adheres to the program rules. I/We agree to assume the obligation for expenses of repair and/or replacement of program equipment that is **attributed to our child's reckless or irresponsible behavior** and the expense of medical care if our child is injured. I/We agree to make an appointment for a parent/instructor or director conference if requested.

Initials _____

X _____
Signature of Father, Mother or Guardian Date

Medical Information

Please check any items that apply. Use the space below or the back of the form for any additional details.

- Asthma
- Epilepsy/Seizures
- Diabetes/Hypoglycemia
- Heart Condition
- Blood Disorder
- Learning Disability
- Hearing Aids
- Eyeglasses
- Allergies _____

Insects bites, Bee stings, Foods, Drugs, Others if significant