



**Peninsula Youth Sailing Foundation
PARTICIPATION WAIVER & PERMISSION
SLIP**

My child/ward, or in the case of an adult participant, I ("Sailor"), has/have my permission to participate in sailing through Peninsula Youth Sailing Foundation ("PYSF"). I understand and acknowledge that sailing is an inherently dangerous activity that could result in serious injury, including death. The PYSF coach or advisor has my authorization to sign any registration/entry/liability release form on behalf of Sailor related to participation in sailing activities.

GENERAL RELEASE OF LIABILITY AND INDEMNIFICATION

I agree to release PYSF, Pacific Coast Interscholastic Sailing Association ("PCISA"), Pacific Interclub Yachting Association ("PICYA"), Bay Area Youth Sailing ("BAYS"), Sequoia Yacht Club, The Club at Westpoint, Westpoint Harbor, The Port of Redwood City and the respective officers, directors, agents, employees, representatives and volunteers of each (all collectively referred to herein as "RELEASEES") and to defend and hold harmless RELEASEES from any damages sustained by me (Parent/Legal Guardian), Sailor or Sailor's family members and damage to any property arising out of or in any way connected with the operation of practices, regattas or any other related activities (including, but not limited, to loading boats on/off trailers) whether on land, afloat, or traveling to or from regatta locations and whether or not caused by the negligence of RELEASEES. Furthermore, I agree to indemnify RELEASEES against any and all liabilities imposed or claimed, including attorney's fees and other legal expenses, arising directly or indirectly from any act or failure to act of myself (Parent/Legal Guardian), Sailor or Sailor's family members, including all claims relating to the injury or death of any person or damage to property, whether or not caused by the negligence of RELEASEES, arising from PYSF related activities.

MEDICAL AUTHORIZATION

I am aware and acknowledge that any activity covered by this Participation Waiver and Permission Slip, by its very nature, poses an inherent risk of injury or harm to individuals who participate. For, and in consideration of the opportunity for Sailor to participate in the activities covered by this permission slip, I do hereby agree as follows:

1. All persons participating in sailing activities shall be deemed to have waived all claims against RELEASEES and their officers, directors, agents, and employees for injury, accident, illness or death occurring during, or by reason of the sailing activities.
2. In the event of illness or injury, I consent to all routine and/or emergency medical treatments and/or services prescribed by the attending medical/dental personnel, and to the administration and performance of all examinations, treatments, anesthetics, operations, and other procedures which are deemed necessary or advisable by the attending medical/dental personnel, whether on scene and/or at the hospital or other medical facility for myself (Parent/Legal Guardian), Sailor, or Sailor's family members.
3. I am solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physician for myself (Parent/Legal Guardian), Sailor, or Sailor's family members including all charges not covered by insurance.

4. To indemnify and hold harmless RELEASEES from each and every claim or demand made, and each and every liability, action, loss, debt or damage which may arise by, or in connection with, or result from, any routine and/or emergency medical services, or participation of myself (Parent/Legal Guardian), Sailor, or Sailor's family members in any activities covered by this permission slip.

5. I fully understand that all persons participating in sailing are to abide by all rules and regulations governing conduct during sailing. Any violation of these rules and regulations may result in Sailor being sent home at the expense of Sailor or their Parent/Legal Guardian or Sailor being denied the right to participate in sailing activities. In such event, no refunds or credit will be provided.

6. If Sailor has a special medical condition and/or physical disability diagnosed by a physician, a description of that medical condition and/or physical disability is listed below. I consent to the sharing of this information as necessary for Sailor's participation in sailing activities and safety, including with medical/dental personnel in the event of Sailor's illness or injury.

Acknowledged and agreed,

Parent/Legal Guardian/Adult Sailor - Signature: _____

Printed Name: _____

Date: _____

Phone Number: _____

Sailor Name: _____

Sailor Phone Number (if different from above): _____

Sailor Medical Condition and/or Physical Disability: _____
