

BYCF Summer @ SEM 2022 Junior Sailing

(Please Complete One Form Per Participant & Please Print Neatly)

Participant's Full Name: _____

Address: _____

City/State/Zip: _____ Birthday: _____

Email: _____ School & Grade Attending: _____

If under 18 years:

Parent/Guardian Full Name(s): _____

Mother's Contact Phone: _____ Father's Contact Phone: _____

Mother's E-Mail: _____ Father's E-Mail: _____

Emergency Information - If Parents Can Not Be Reached

Name: _____ Relationship: _____

Telephone: Home (_____) _____ Cell (_____) _____

Does your child presently have or has he/she ever had any of the following:

| <u>No</u> | <u>Yes</u> | |
|------------------|-------------------|---|
| _____ | _____ | Allergies |
| _____ | _____ | Convulsions |
| _____ | _____ | Diabetes |
| _____ | _____ | Heart Trouble |
| _____ | _____ | Fainting Spells |
| _____ | _____ | Impaired Hearing |
| _____ | _____ | Impaired Eyesight |
| _____ | _____ | A condition requiring regular medical attention or medication? |
| _____ | _____ | Has your child been hospitalized during the last 3 years? |
| _____ | _____ | Does your child presently take any medication? |
| _____ | _____ | Has your child been examined or treated by a physician or health care provider during the last 3 years for any medical problem other than regular checkups? |

If YES, to any of the above health history questions, please provide additional information including name and dosage of each medication:

BYC Junior Sailing Consent, Release, and Indemnity Agreement

I request that my child be permitted to participate in the BYCF Junior Sailing Program and in consideration of my child being permitted to participate in said activities, I hereby release and discharge the Buffalo Yacht Club Foundation, its agents, officers, directors, employees, 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 BYCF Junior Sailing Program, and I hereby assume all risk of any liability for injury or damage to the person or property of my child's, while engaged in such activities, however caused, and I further agree to indemnify and save harmless the Buffalo Yacht Club Foundation, their 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 BYCF Junior Sailing Program.

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

For valuable consideration received, we hereby authorize the Buffalo Yacht Club Foundation, their officers, directors, agents, staff, and or members of the BYCF Junior Sailing Committee to obtain or attempt to obtain medical services, care, and or treatment for my child 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.

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 persons 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 to arise 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 completed 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.

PHOTO RELEASE FORM

I hereby grant permission to the Buffalo Yacht Club Foundation ("BYCF") to use my child's image or likeness (still photograph, motion picture, or otherwise) in conjunction with its advertising materials or other subsequent publications or websites without further consideration. I acknowledge BYCF's right to crop, alter or treat such image or likeness at its reasonable discretion. I also acknowledge that BYCF may choose not to use my image or likeness at this time but may do so at its own discretion at a later date.

I GIVE PERMISSION

I DO NOT GIVE PERMISSION

I have read, understand, and agree to the above policies and procedures.

_____ (Jr. Sailing Program Participant)

_____ (Parent/Guardian Signature)

_____ (Date)