

NORTHERN LAKE GEORGE YACHT CLUB JUNIOR PROGRAM WAIVER OF LIABILITY

I, the parent/guardian of _____, a minor, hereby waive any and all liability that the Northern Lake George Yacht Club ("NLGYC"), its officers, directors, agents, servants or employees might have for, and agree that NLGYC, its officers, directors, agents, servants or employees shall not be liable for any bodily injury to my child incurred while my child is practicing for, or participating in, any activity of any athletic, sports, or social nature sponsored by NLGYC. My child is covered under a medical insurance plan and I/we will look to that coverage should a personal injury be incurred in the circumstance described in this waiver.

I further agree that my child will abide by the rules of NLGYC's Junior Program ("Junior Program"). I further recognize the possibility of physical injury associated with sailing and other outdoor activities. In consideration of NLGYC accepting my child for its sailing program and activities, I further hereby release, discharge and otherwise indemnify NLGYC, all officers, directors, agents, servants and employees of NLGYC, the Junior Program Committee and any and all owners of boats and facilities utilized for or in connection with the Junior Program, from any and all negligence, liability, damage, injury, loss, cost or expense, including reasonable attorney's fees, incurred by or in behalf of my child and arising in connection with or as a result of my child's participation in the Junior Program events, which transportation I hereby authorize.

The foregoing provision shall not apply to acts or omissions of or by the NLGYC, its officers, directors, agents, servants and employees, the Junior Program Committee and any and all owners of boats and facilities utilized for or in connection with the Junior Program which were committed in willful, wanton or reckless disregard for the safety of my child.

Signature of Parent/Guardian _____ **Date** _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the below named child I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Child's Full Name _____ **Date of Birth** _____

Signature of Parent/Guardian _____ **Date** _____

Address _____ City _____ State _____ ZIP _____

Phone (Home) _____ (Lake) _____ (Business) _____

Emergency Tel. # _____ Name _____

Name of Physician _____ Phone _____

Name of Dentist _____ Phone _____

History and dates of immunizations: MMR _____ DPT _____ Polio _____

Date of last Physical Exam _____ Allergies to Food and Drugs _____

Any special medical or pertinent information: _____

Health Insurance Carrier _____ Insurance ID # _____

PERMISSION TO TRAVEL

My child _____ has my permission to travel to NLGYC Jr. Program regattas and field trips with parents and instructors over 18 years of age.

Signature of Parent/Guardian _____ **Date** _____

Please Complete One Form For Each Child