

117th Annual Squam Day Regatta

Liability Waiver and Medical Release

The waiver of responsibility and the medical release must be signed by a parent or a legal guardian for each participant. No sailor may register or compete without a complete and signed waiver and release.

Waiver and Release of Liability: In consideration of the benefits received by myself, my spouse and my child by participation in this Regatta, I, on behalf of myself, my spouse and my child named below, hereby release and agree to hold harmless the Annisquam Yacht Club and its officers, members, employees and agents, and, to the extent not included in the foregoing, the Regatta race committees, judges, and volunteers from and against any and all liability, loss, cost, or expense resulting from any claim which I or any member of my family or my guests may have for damages for death, personal or bodily injury, or property damage which arise directly or indirectly from my child's participation in Squam Day or activities or events associated therewith.

Medical Release: In the event of an emergency requiring medical attention for my child, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any medical professional licensed under the laws of the Commonwealth of Massachusetts and treatment in an hospital holding a current operating certificate issued by the Department of Public Health of the Commonwealth of Massachusetts. I understand that this permission is given in advance of any specific diagnosis, treatment or hospital care being required but it's given to provide authority and power to render care, which the aforementioned medical personnel in the exercise of their best judgment may deem advisable. I understand that reasonable efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if I cannot be reached.

Sailor's Name: _____ **D.O.B.** _____

Yacht Club: _____

Emergency Contact: _____

Daytime telephone: _____

Evening telephone: _____

List allergies to bee stings, food etc.

List all medications that the sailor is using:

Physician: Physician Tel.: _____

Insurance Company: _____

Insurance Policy No.: _____

Parent or Guardian Sign and Print Name:

Print Name: _____

Sign Name: _____ Date: _____