

River City Community Adult Sailing Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

email _____ Cell _____

Emergency Contact Name _____

Phone _____

Class date: (Circle) June 20 July 11 August 15 2-5PM

Consent Form

I understand that River City Community Sailing volunteers assume no financial obligation or liability in the case of accident or illness. If I, or anyone on my behalf makes a claim against River City Community Sailing, LLC, or College of the Albemarle, or their officers or volunteers, arising out of or related to my participation in sailing programs, I agree to indemnify and save and hold them harmless from any litigation expenses, attorneys' fees, loss, liability, damage or costs they may incur due to the claim made against any of them, whether the claim is based on their negligence or otherwise. I sign this agreement on my behalf and on behalf of my personal representatives, assigns, heirs, and next-of-kin. I hereby give my permission for emergency treatment for me and assume financial responsibility for such treatment. I hereby authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, anesthesia and /or blood transfusions to myself that may be ordered by a physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports to any doctor or agency and consent to the admission of myself to the hospital.

_____ Print Name

_____ Signature

I grant to River City Community Sailing, LLC, the right to take photographs of me and to use and publish them in print and electronically.

Signature

Checks can be made out to “River City Community Sailing”. Mail to:

RCCS
105 Margaret Drive Elizabeth City, NC 27909

Director: Carol Terryberry

252-340-3638

riversailingec@gmail.com