

River City Community Sailing Jr. Sailing Team

Name _____ Age _____

Mailing Address _____

Email address _____

Parent Name _____ phone _____

Parent Name _____ phone _____

Emergency contact Name: _____ phone _____

Waiver form

I hereby authorize and consent to the administration of any and all medical, dental, and surgical exams or operations or treatment or all other related care, including the administration of drugs, tests, anesthesia, and/or blood transfusions to the above named minor person that may be ordered by a physician or dentist in attendance 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 the above named minor person to the hospital.

Parent/Guardian signature

I understand that River City Community Sailing volunteers or College of the Albemarle assume no financial obligation or liability in case of my child's accident or illness. If I, or anyone on my or my child's behalf makes a claim against RCCS or their volunteers, or College of the Albemarle, arising out of or related to my child's 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 occur 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 of my child and assume financial responsibility for such treatment.

Parent/Guardian signature.

Printed name

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

Parent/Guardian signature

Cost: \$150 Payment to "River City Community Sailing" at 105 Margaret Drive, Elizabeth City, NC 27909. Bring: water shoes and a properly fitting life jacket.

