



## 2019 Regatta Waiver Information

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**Please read and indicate your agreement to the terms of the waiver by signing in your name and entering the date in the designated areas below.**

In consideration of the opportunity to participate in a Vancouver Lake Sailing Club 2019 Regatta, herein referred to as the "regatta", hosted by Vancouver Lake Sailing Club, herein referred to as "VLSC", I agree as follows:

1. I understand and acknowledge that participation in the regatta may be dangerous and may involve risks which include, but are not limited to, bodily injury, partial or total disability, paralysis and death. I also understand and acknowledge that the social and economic losses or damages which can result from those risks and dangers can be severe and that not all such risks and dangers may be known or reasonably foreseeable at this time. I accept the responsibility for losses or damages resulting from all such risks and dangers involved in participation in the regatta.

2. I agree to take appropriate precautions for my own safety and that of others when participating in the regatta and further agree that, before participating I will inspect the facilities and equipment to be used and will, if I believe anything is unsafe, immediately advise the person in charge of that unsafe condition and will refuse to participate.

3. I hereby release, waive and discharge VLSC, its instructors, officials, volunteers engaged by VLSC in the conduct of the regatta, VLSC officers, directors, agents and employees, from all liability to me and to my conservators, guardians or other legal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, death or damage to property, arising out of my participation in the regatta, whether on VLSC premises or elsewhere, including transportation of myself and/or my child/ward to and from events and venues.

4. I also hereby agree to indemnify and to hold harmless from any demand or claim on account of injury or damage which I may suffer as a result of participation in the regatta VLSC and all other persons mentioned in Paragraph 3.

5. I understand that this release, waiver and agreement to indemnify and hold harmless includes, but is not limited to, claims or demands on account of injury or damage caused or allegedly caused in whole or in part by the negligence of VLSC or any of individuals listed in Paragraph 3.

I am the parent or legal guardian of \_\_\_\_\_, who is under the age of 18 years and who wishes to participate in a VLSC regatta. In consideration of VLSC allowing my child or ward to participate in the regatta, I hereby agree to indemnify VLSC and all other persons described in Paragraph 3 above, and to hold each and all of them harmless from any claim or demand on account of injury to or damage suffered by my child or ward as a result of participation in that program, whether on VLSC premises or elsewhere.

I acknowledge it is my responsibility to deliver my child(ren) to the regatta and to pick up my child(ren) promptly upon the scheduled conclusion of the regatta.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



# Vancouver Lake Sailing Club

PO Box 1146

Vancouver, WA 98666

www.vlsc.org

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Parent's Name: \_\_\_\_\_

Child name: \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Please detail any physical, health, or special needs which might affect the student's participation in a regatta:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARENT'S CONSENT FOR MEDICAL TREATMENT

I do not wish to provide consent for medical treatment.

I wish to provide consent and have completed the form below.

I, \_\_\_\_\_, natural parent and/or guardian of \_\_\_\_\_, do hereby fully authorize the VLSC officials, officers, or designated chaperons to act on my behalf in the event my child(ren) is the victim of an accident, injury or illness that requires immediate medical or surgical care. Actions on behalf of my child(ren) shall include but not be limited to authorization for VLSC officials, officers, or other chaperons to arrange for such medical care as they deem appropriate, substantiated by local medical advice, and to give any required consent for such medical care.

I acknowledge that it is my responsibility to advise the VLSC, in writing, of any allergies, medical problems or prescription medicine requirements that would be pertinent in the treatment of my child(ren).

\_\_\_\_\_  
Signature of Parent or Legal Guardian      Date

Medical Insurance Company Name: \_\_\_\_\_

Plan No.: \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Return to: VLSC - PO Box 1146 - Vancouver, WA 98666