



# LIDO ISLE YACHT CLUB

Latitude 33° 36' 34.5" N Longitude 117° 54' 50.8" W

Established 1928

2017 LIABILITY WAIVER AND RELEASE

2017 MEDICAL RELEASE

(BE SURE TO FILL OUT BOTH FORMS)

SEND TO: Lido Isle Yacht Club

Attn: Emlie Veinot, Sailing Director

701 Via Lido Soud, Newport Beach, CA 92663

## 2017 LIABILITY WAIVER AND RELEASE

As the parents of the child listed below and in consideration of his/her participation in Lido Isle Yacht Club's Jr. Sailing Program and other activities during the 2017 calendar year, we hereby agree as follows:

1. On behalf of our child and ourselves, we hereby waive, release, and agree not to sue upon any rights or claims that we and our minor child may have or later acquire against the Lido Isle Yacht Club (LIYC), or any of its members, directors, officers, agents, representatives, employees and their successors and assigns (collectively the "Releasees") for bodily injury, death, property damage or other loss occurring to us and/or our child from the negligence or other acts of Releasees arising out of our child's participation in sailing and other activities and our or our child's use of the property and facilities of Releasees, and we agree to indemnify, defend and hold Releasees harmless against any such claims
2. We represent that our child can swim.
3. Our child's boat will be equipped to conform to all U.S.C.G. and all US Sailing safety and other requirements and those of any fleet in which he/she shall compete.
4. We are aware that sailing is a potentially dangerous activity that serious accidents can occur and agree to accept any and all risks of bodily injury or death to us and our child.
5. We will abide by, and cause our minor child to abide by, any and all rules and regulations of Lido Isle Yacht Club's Sailing Program and Regattas. We are signing below in the capacity of the parents and/or guardians of our minor child.
6. We are aware that this agreement contains a release of liability, an assumption of risk, and an agreement by us to indemnify the Releasee.

THIS RELEASE IS INTENDED TO DISCHARGE EACH RELEASEE FROM ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY FROM OUR MINOR CHILD'S PARTICIPATION IN THE LIDO ISLE YACHT CLUB'S PROGRAM, EVEN IF THAT LIABILITY ARISES OUT OF THE NEGLIGENCE OR CARELESSNESS ON THE PART OF ANY RELEASEE.

Minors Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Minors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2017 MEDICAL RELEASE

I hereby certify that my child is in good health and can participate in the 2017 LIYC Jr. Sailing Program. I hereby give consent for Lido Isle Yacht Club (herein LIYC) to provide (Minors Name) \_\_\_\_\_, a minor, with medical care and treatment and emergency medical services associated with participation in this activity and give my consent to LIYC and its representatives to obtain the following medical care: Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action. This authorization is given pursuant to the provisions of Sections 25.8 of the Civil Code of California. This authorization shall remain in effect from January 1 - December 31, 2017.

Medical Information

Minors Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Plan Name: \_\_\_\_\_ Medical #: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Allergies (food or medication), or special instructions:

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

Accommodations or assistive devices needed: \_\_\_\_\_

Emergency Phone (with area code) ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Phone (with area code) ( \_\_\_\_\_ ) \_\_\_\_\_

MEDICAL RELEASE SIGNATURE

Minors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_