

WAIVER OF LIABILITY

In accordance with Section 7-6-9 of the General Laws of Rhode Island, I, the parent/guardian of _____, a minor, hereby waive and release any and all right and claim for damages that I or my child may have against Greenwich Bay Sailing Association (GBSA), the CJ Buckley Foundation, its officers, directors, agents, servants, and employees for any and all injuries suffered by my child at any event or while practicing for or participating in any event or while traveling to or returning from any event sponsored by GBSA. I further agree that my child and I will abide by the rules of GBSA. I acknowledge that participation in the sport of sailing or any regatta sponsored by GBSA may involve substantial risk of personal injury or even death, and I hereby assume on behalf of my child the risk of any such injury to his or her body arising while practicing for or participating in any event sponsored by NBYA and forever give up and relinquish any claim for liability against GBSA, the CJ Buckley Foundation, its officers, directors, agents, servants and employees that I or my child may have by reason of participating in such event.

I, _____, as consideration for GBSA's permission for my child to participate in any regatta sponsored by GBSA, hereby agree to indemnify and hold harmless GBSA for any damage which my child, his boat or his crew may cause to any boat or equipment whether owned outright by GBSA or leased or borrowed for the purposes of this event..

Signature of Parent/Guardian: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above mentioned child, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Signature of Parent/Guardian: _____ Date: _____

Address: _____ City: _____ State: _____

Emergency Contact Telephone (incl. area code): _____

Name of Physician: _____ Telephone Number: _____

Last Tetanus Booster: _____ Allergies to Food or Drugs: _____

Medical Insurance Company: _____

Name of Insured: _____ Insurance ID#: _____

Any Special Medications or Pertinent Information: _____