

Westwind Sailing: Youth Emergency Information, Medical Release and Liability Waiver - Dana Point

Child's Name: _____ Birth Date: _____

Name of person responsible for child: _____ E mail: _____

Home phone: () _____ Work Phone: () _____ Cell phone: () _____

Address (#, city, state, zip): _____

Name of another contact in an emergency if parent cannot be reached: _____

Contact phone number: () _____

Name of nearest relative not living at the above address: _____

Contact phone number: () _____

Physician to be called in an emergency: _____

Address (city): _____ phone number () _____

Special medical information: _____

Allergies: _____ Are immunizations up to date? Y / N

Last tetanus: _____ Restricted activities: _____

Is he / she taking medication? Y / N Specify: _____

Medical Release

I (we) the undersigned parent, parents or legal guardian of _____, a minor, do hereby request that (s)he be permitted to attend Westwind Sailing programs during this year: _____ and should the need arise, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of public health. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable Westwind Sailing, its officers, or leaders for medical aid rendered and will reimburse Westwind Sailing for medical or other expenses incurred in the care of my son / daughter. **INITIAL** _____

Liability Waiver / Terms and Conditions

I (we) the undersigned parent, parents or legal guardian of _____, a minor, do hereby consent to the aforementioned minor's participation in the activities sponsored by or associated with Westwind Sailing and the Dana Point Youth and Group Facility. I UNDERSTAND THAT SUCH PARTICIPATION CAN INCLUDE HAZARDOUS ACTIVITIES WHICH MAY EXPOSE HIM/HER TO CERTAIN RISKS OF INJURY SUCH AS LACERATIONS, PULLS AND STRAINS, FRACTURES, CONCUSSIONS, LOSS OF LIMB, DROWNING OR EVERN DEATH. I AM FREELY AND VOLUNTARILY ALLOWING MY SON / DAUGHTER TO PARTICIPATE IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. **INITIAL** _____

In consideration of this consent to participate in said programs and activities, I hereby agree, on behalf of said minor and his/her assigns and heirs, to release, defend and hold harmless, the State of California, the County of Orange, the Dana Point Youth and Group Facility and all of their officers, employees and agents, Westwind Sailing Programs and all of their officers, employees and agents (collectively the "Releasees") from and against any and all actions, claims, damages (including attorney fees) of liability arising or resulting from his/her participation in the activities sponsored by or associated with Westwind Sailing and the DPY & G including without limitation, damage to or destruction of any property or injury or death to any person. Westwind Sailing reserves the right to photograph program participants for publicity purposes. **INITIAL** _____

I HAVE CAREFULLY READ THE SAFETY RULES, MEDICAL RELEASE AND THE TERMS AND CONDITIONS AND FULLY UNDERSTAND THEIR CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE RELEASEES AND MYSELF AND SIGN IT OF MY OWN FREE WILL ON BEHALF OF SAID MINOR.

Print Name

Signature

Date