

**Severn Sailing Association**  
**PERMISSION SLIP**

\_\_\_\_\_ (name of child), my child, has my permission to participate in the 2016 Club 420 Chesapeake Regional Sailing Regatta and Clinic, which is an inherently dangerous activity, through Severn Sailing Association (“SSA”). The SSA/ Club 420 class coach or advisor has my permission to sign any registration/entry/liability release form on behalf of my child.

**GENERAL RELEASE OF LIABILITY AND INDEMNIFICATION**

I agree to release Severn Sailing Association (“SSA”), The Club 420 Class and their officers, directors, agents, employees, representatives and volunteers (all collectively referred to herein as “RELEASEES”) and to defend and hold RELEASEES harmless from any damages sustained by me or my child or damage to any property arising out of or in any way connected with the operation of practices, regattas or any other related activities whether on land, afloat, or traveling to or from regatta locations and whether or not caused by the negligence of RELEASEES. Furthermore, I agree to indemnify RELEASEES against any and all liabilities imposed or claimed, including attorney’s fees and other legal expenses, arising directly or indirectly from any act or failure of my child, including all claims relating to the injury or death of any person or damage to property, whether or not caused by the negligence of RELEASEES.

**MEDICAL AUTHORIZATION**

I am aware and acknowledge that any activity covered by this permission slip, by its very nature, poses an inherent risk of injury or harm to individuals who participate. For, and in consideration of the opportunity for my child/ward to participate in the activities covered by this permission slip, I do hereby agree as follows:

1. All persons participating in sailing shall be deemed to have waived all claims against RELEASEES and their officers, directors, agents, and employees for injury, accident, illness or death occurring during, or by reason of sailing.
2. In the event of illness or injury, I consent to all routine and/or emergency medical treatments and/or services prescribed by the attending physician, surgeon or dentist, and to the administration and performance of all examinations, treatments, anesthetics, operations, and other procedures which are deemed necessary or advisable by the attending physician at the scene and/or at the hospital or other medical facility.
3. I am solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physician for my child/ward, including all charges not covered by insurance.
4. To indemnify and hold harmless RELEASEES from each and every claim or demand made, and each and every liability, action, loss, debt or damage which may arise by, or in connection with, or result from, any routine and/or emergency medical services, or participation of my child/ward in any activities covered by this permission slip.
5. I fully understand that all persons participating in sailing are to abide by all rules and regulations governing conduct during sailing. Any violation of these rules and regulations may result in the individual being sent home at the expense of his/her parent/guardian or denied the right to participate in sailing.
6. If my child/ward has a special medical condition and/or physical disability diagnosed by a physician, a description of that medical condition and/or physical disability is attached hereto.

In case of emergency, I may be contacted at the following phone number \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Parent/Guardian)

**Print Name of Parent/Guardian** \_\_\_\_\_

**Date Signature Signed:** \_\_\_\_\_

## Severn Sailing Association Sailor Information

**Sailor:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_

Cell# \_\_\_\_\_

Email \_\_\_\_\_ School attending \_\_\_\_\_

**Medical Insurance**

Carrier \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Doctor \_\_\_\_\_ Address \_\_\_\_\_ phone# \_\_\_\_\_

Allergies/Medical conditions \_\_\_\_\_

**Parent/Guardian:**

Father/guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ cell \_\_\_\_\_ email \_\_\_\_\_

Mother/guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ cell \_\_\_\_\_ email \_\_\_\_\_

If Parent or Guardian cannot be reached:

Emergency contact: \_\_\_\_\_

Phone# \_\_\_\_\_ relationship \_\_\_\_\_

Signed:

\_\_\_\_\_

Parent /Guardian

Date