

RBSA MEDICAL LIABILITY RELEASE FORM

STUDENT INFORMATION:

Student Name: _____ Date of Birth: ___/___/___ Sex: []Male []Female

Summer Address: _____ Phone:(____) _____ - _____

EMERGENCY CONTACT: Parent/Guardian Name: _____

Phone:(____) _____ - _____

Physical Handicaps (broken bones, muscle/joint injuries, etc): _____

Chronic Ailments (asthma, diabetes, epilepsy, hemophilia, etc.): _____

Allergies (bee/instinct stings, food, etc.): _____

Current Medications: _____ Approximate year of last Tetanus Shot: _____

Student's Doctor: _____ Medical Insurance Provider: _____ Policy # _____

Contact if parent/guardian not available: _____ Phone (____) _____

PARENT/GUARDIAN EMERGENCY TREATMENT AUTHORIZATION, RELEASE & INDEMNITY AGREEMENT:

I, _____ (parent/guardian), authorize the RBSA Sailing Program employees or organizers to sanction emergency treatment if none of the above names can be contacted at the time of an emergency.

I hereby release RBSA, its officers, directors, members and/or employees from any and all liability for any damages or injuries sustained by the child set forth above while on the premises of RBSA or while using its facilities, services, sail school, sailboats and/ or equipment or while on the Rehoboth Bay.

I further agree to indemnify RBSA against any and all liability arising from any claim made by any person arising in any way from any damages or injuries sustained while on the premises of the RBSA or while using its facilities, services, sail school, sailboats and/ or equipment or while on the Rehoboth Bay.

I agree to abide by the requirement and totally understand that the enrollment and/or continuation in sailing school is at the sole discretion of the sailing instructor, or any other RBSA employee or trustee.

Further, I agree and understand that while enrolled in sailing school, on the premises of RBSA or while using RBSA facilities, services, sail school, sailboats and/or any of its equipment, a student must follow any and all directions of the instructor or any person that RBSA shall designate as having such authority.

Child in my custody for whom I sign:(Name) _____ Age _____

In witness of this agreement, I set my hand, hereby binding myself and the executors of my estate.

(Signature of person responsible) _____ Date ___/___/___

Please bring a completed copy of this form with you on the first day of class. Students will not be allowed to enroll without a completed copy of this form signed by a parent or guardian.