

CONSENT, WAIVER OF LIABILITY AND MEDICAL RELEASE

PACIFIC COAST INTERSCHOLASTIC SAILING ASSOCIATION (PCISA), PENINSULA YOUTH SAILING FOUNDATION (PYSF), STANFORD UNIVERSITY, SEQUOIA YACHT CLUB, THE PORT OF REDWOOD CITY AND ALL OFFICERS, EMPLOYEES AND MEMBERS OF SAID ORGANIZATIONS.

I hereby acknowledge that the risk of injury, including serious debilitating injury, or death is involved in the athletic participation.

I am aware that ISSA, PISA, PYSF, Stanford University and Sequoia Yacht Club and The Port of Redwood City do not carry medical or liability Insurance.

I further release and hold harmless ISSA, PCISA, PYSF, Stanford University, The High School Sailing Team, Sequoia Yacht Club, The Port of Redwood City and all Officers, Directors, Trustees Agents, employees, coaches, and all volunteers and members of any of the above from any and all liability arising from any participation in the sport. (Sailing).

As the parent or guardian of the below named student/child, I accept the risks of injury, including serious debilitating injury or death that is involved in athletic participation. I am aware of the risks involved and give my consent to the below named student to participate in all activities associated with the sport of sailing.

Students Name _____

Date of Birth _____ School _____

Medical Insurance Information:

Carrier _____ Policy Number _____ Group# _____

Carrier _____ Policy Number _____ Group # _____

Father/legal Guardian

Mother/legal Guardian

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Home Phone _____

Work _____

Home phone _____

Work _____

E-Mail Address _____ Sailor _____

Signatures