

PORT OF SILVERDALE – SAILING AND ROWING PROGRAMS

MEDICAL RELEASE AND PERMISSION

PARTICIPANTS NAME: _____ AGE: _____ M F
PARENT/GUARDIAN NAME: _____ RELATIONSHIP _____
ADDRESS: _____ HOME PHONE: _____
WORK PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT #1: _____
Name Relationship Phone
EMERGENCY CONTACT #2: _____
Name Relationship Phone

ALLERGIES: _____

CURRENT MEDICATIONS: _____

MEDICAL CONDITIONS: _____

PHYSICIAN: _____ PHONE: _____

I hereby give my consent for my child to participate in the sailing or rowing program being offered by the Port of Silverdale (Port) and managed by the Kitsap Sailing & Rowing Foundation (KSRF) and/or Clam Island Rowing (CIR).

I declare that I will not hold the Port, KSRF or CIR, their employees, or any volunteer associated with the program, responsible for any injuries, damage, or personal loss incurred in connection with said program.

I hereby waive, release and discharge any claims for damages that may arise as a result of my child's participation in the program against any person or entity in any way involved with this program, including but not limited to the Port, KSRF or CIR, their employees, or any volunteer associated with the program. This release is intended to discharge the persons and entities mentioned above of any and all liability in connection with my child's participation in the program. It is further understood and agreed that this waiver, release and assumption of risk has been freely entered into and is to be binding on our heirs and assigns.

the Port, KSRF or CIR, their employees, and all persons related directly or indirectly with recreation programs assume no financial obligation or liability; but in the case of accident or illness, I grant authorization to secure medical treatment for the above-named minor if I cannot be contacted immediately. I hereby consent to the administration of any and all medical procedures deemed necessary by the attending authorities.

We (parent/guardian and student) have read the Concussion Information Sheet available online at http://www.kitsapsailingrowing.org/team/forms.html and understand the signs and symptoms of a concussion and also understand that if my child does suffer a concussion the coach needs to be informed immediately.

parent/guardian initial student Initial

I give consent to photograph my child at class and/or use photographs in future program brochures/flyers: YES NO

I, the legal parent/guardian of the above-named minor, understand that all participants in this program participate at their own risk. I agree to hold harmless Port, KSRF or CIR, their employees, or any volunteer associated with the program from any and all claims in connection with the program, field trips, and activities.

I hereby declare that I am the legal parent/guardian of _____. I have read and understood this release a waiver of liability and have the legal right and authority to execute this agreement on behalf of the child and myself identified herein.

Parent/Guardian Name Parent/Guardian Signature Date