

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

The undersigned parent or guardian of a minor does hereby consent to any emergency X-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of this best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

This authorization is given pursuant to the provisions of Sections 25.8 of the Civil Code of California.

1. Family Doctor _____ Phone _____

2. Persons to Contact in Emergency

a. _____ Phone _____

b. _____ Phone _____

3. Medical Problems _____

4. Known Allergies _____

5. Hospital Insurance Plan Name & Number _____

Mother's Phone (h) _____ (w) _____ (c) _____

Father's Phone (h) _____ (w) _____ (c) _____

Address _____

City _____ State _____ Zip _____

This Notice describes how Medical Information about your child may be used and disclosed.

We understand that information about your child's health is confidential. We are responsible for safeguarding your child's health information and to render and pursue medical care for your child if needed.

How we may use and disclose health information about your child.

Your child's health information may be used to provide or facilitate medical treatment and services during a club or multiclub event or regatta. We may disclose the health information to participating club coaches, Directors, Principle Race Officer or Race committee to secure and obtain urgent medical services/care for your child in the event of an injury sustained during a multiclub regatta activity.

The undersigned certifies that he or she has read the forgoing, received a copy if requested and is the legal parent or guardian and understands and accepts its terms.

THIS AUTHORIZATION SHALL REMAIN EFFECTIVE UNTIL REVOKED IN WRITING.

SIGNATURE (Parent or Legal Guardian) _____

Relationship

Date

Name _____
Yacht Club _____

**San Diego Area Yacht Club's Junior Activities
Parent's Consent and Waiver of Liability
Assumption of Risk – Indemnity Agreement**

The undersigned parents or legal Guardians (hereafter referred to in the singular) of (herein referred to as the "child"), request that the child be allowed to participate at any San Diego Area Yacht Club in any Junior activity (herein referred to as "the activities").

In return for the child being permitted to take part in the activities and to use the facilities and property of any San Diego Area Yacht Club each of us makes the following promises and warrants the truth of the following facts:

This agreement shall remain in effect until San Diego Area Yacht Club Junior committee receives written notice of the cancellation of the

1. I am familiar with the programs included in the activities and I understand officers and employees of any San Diego Area Yacht Club are available to discuss the activities if I should wish additional information. I also understand I am solely responsible for the arrival and departure of my child at the beginning and end of each day's activity. I will not allow my child to remain on the premises of any San Diego Area Yacht Club after each day's program without appropriate supervision or the written permission of the Yacht Club. I agree San Diego Area Yacht Clubs will have no responsibility for the supervision of my child at times other than during the scheduled activities. I will inform my child that he/she is expected to cooperate with and follow the directions of the person in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.

2. My child is in good health and I know of no reason why he/she would be incapable of participating in the activities. My child knows how to swim. I will immediately notify the designated San Diego Area Yacht Club supervisor if a change in my child's health or other condition affects my child's ability to participate in the activities.

3. W A I V E R O F L I A B I L I T Y: I waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of or prosecute any San Diego Area Yacht Club or any of its directors, officials, agents, employees and affiliated organizations (herein referred to as "the releases") for monetary damages caused by injury to my child or damage to the property of my child or myself arising from my child's participation in the activities and use of the facilities and property of any San Diego Area Yacht Club, including the use of photographs and the name of my child involving any such activities and use, whether or not the injury or damage results from the negligence or other action, except irrational acts, or any of the releases.

[Please initial to indicate you have read this paragraph _____]

4. A S S U M P T I O N O F R I S K: I am aware that the activities may involve maneuvering a boat, sailboard or other watercraft on deep waters in potentially hazardous conditions which may include among other things, strong winds and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft and or stationary objects such as docks, pilings and buoys. With knowledge of the dangers involved I voluntarily ask that my child be allowed to take part in the activities. I ACCEPT ANY AND ALL RISKS TO MYSELF AND MY CHILD OF INJURY, DEATH AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF ANY AREA SAN DIEGO YACHT CLUB, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION, EXCEPT INTENTIONAL ACTS OF ANY OF THE RELEASES.

[Please initial to indicate you have read this paragraph _____]

5. I N D E M N I T Y A G R E E M E N T: I agree to indemnify and hold the releases harmless from any loss, liability, damage or cost including reasonable attorneys fees that may occur due to my child's participation in the activities and use whether or not such loss, liability, damage or cost results from the negligence or other action, except intentional acts, of any of the releases.

[Please initial to indicate you have read this paragraph _____]

consent or until the end of the activities described above.

I have carefully read this agreement and fully understand its contents. I am aware the agreement includes a waiver of liability, an assumption of risk and an agreement by me to indemnify the releases, and I sign it of my own free will.

Date _____

Signature _____

Print Name _____

THIS AUTHORIZATION SHALL REMAIN EFFECTIVE UNTIL REVOKED IN WRITING.

SIGNATURE (Parent or Legal Guardian) _____