

**Palm Beach Sailing Club**  
**Summer Camp 2009**  
**Medical Waiver / Release**

Child's name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Medical Conditions \_\_\_\_\_

List Allergies & Medications \_\_\_\_\_

Physicians Name \_\_\_\_\_ Physician Phone # \_\_\_\_\_

I hereby authorize my child to participate in the Palm Beach Sailing Club 2009 Summer Camp Program.

In consideration of the Palm Beach Sailing Club, a not-for-profit Florida corporation, providing sailing instructions to my child, I hereby release, acquit, and discharge the Palm Beach Sailing Club, its successors and assigns, its employees, agents, members, volunteers officers and directors from all claims, demands, actions, causes of action, damages, injuries and cost of any nature or kind whether property, personal injury or bodily injury or any other type of injury or damage that may arise from my child's participation in the sailing program as well as the use of the facilities of the club and its equipment. This release is on my behalf as the parent or legal guardian of the above named child and any person claiming through my child.

I understand the risks inherent in the sport of sailing and in water sports in general, and in any activity involving children. I also understand that my child will be required to have basic swimming skills and will wear a life jacket at all times in or around the water.

I also attest that my participating child is free and unencumbered from any physical or mental impairment and is free of any contagious or infectious disease that might interfere with his or her health or safety during this program.

I give Authorization to the Palm Beach Sailing Club for treatment in the event of any accident or injury if I cannot be reached.

I have read and attest that the above is true and correct.

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date