

NORTHSHORE LEUKEMIA CUP HIGH SCHOOL REGATTA
to be held at
Pontchartrain Yacht Club
Mandeville, Louisiana
February 27 – February 28, 2016

Parent's Consent Form

The undersigned parents or legal guardians (hereafter referred to in the singular) of the below named child (herein referred to as the "Child"), request that the Child be allowed to participate at the Northshore Leukemia Cup High School Regatta (hereafter referred to as the "Regatta"), at Pontchartrain Yacht Club, February 27-February 28, 2016. This agreement shall remain in effect until the end of the activities described above. In return for the child being permitted to take part in the activities and to use the facilities and property of the Pontchartrain Yacht Club, (hereinafter referred to as the "Regatta Providers" or "RP"), each of us makes the following promises and warrants the truth of the following facts:

1. I am familiar with yacht racing and regatta activities, and I understand officers, members and employees of "RP" are available to discuss the activities if I should wish additional information. I also understand I am solely responsible for the transportation to and from the regatta, and the arrival and departure of my Child at the beginning and end of each day's activity. I will not allow my Child to attend the regatta without appropriate supervision. I agree that the "RP" will have no responsibility for the direct supervision of my child. The Adult Chaperone named on the Regatta Entry Form and/or myself, if present, will be responsible for my Child. I will inform my Child that he/she is expected to cooperate with, and follow the directions of the Adult Chaperone and persons in charge for the activities and to act in a manner consistent with the spirit of the good sportsmanship, the regatta rules and respect for the rights of others.

2. **CONSENT** My Child is in good health, and I know of no reason why he/she should be incapable of participating in the activities. I consent to my Child's participation in the Regatta. My Child knows how to swim. I will immediately notify the designated "RP" Committee at the Regatta site if a change in my Child's health or other condition would affect my Child's ability to participate in the activities.

3. **ASSUMPTION OF RISK AND WAIVER OF LIABILITY:** Parent specifically acknowledges that the "RP" activities will 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 collisions with other watercraft or stationary objects, such as docks, pilings, and buoys. With knowledge of the dangers involved, Parent hereby voluntarily requests that his/her

Child be allowed to take part in the “RP” activities. PARENT HEREBY ACCEPTS ANY AND ALL RISKS TO HIS/HER CHILD OF INJURY, DEATH AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE “RP” ACTIVITIES AND THE USE OF THE “RP” FACILITIES AND PROPERTY, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR GROSS NEGLIGENCE of “RP” and its directors, officers, employees, volunteers, members and/or members of “RP” members’ families. Parent does hereby release and forever discharge “RP” and its directors, officers, employees, volunteers, members and members of “RP” members’ families and their successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from his/her Child’s participation in “RP” activities. Parent understands that this Release discharges “RP” from any liability or claim that the Parent or Child may have against “RP” with respect to any bodily injury, personal injury, illness, death or property damage that may result from his/her Child’s participation in “RP” activities, whether caused by the negligence or gross negligence of “RP”, its directors, officers, employees, volunteers, members and members of “RP” members’ families or other participants in “RP” activities or otherwise arising. Parent also understands that “RP” does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness. **(Please initial to indicate you have read this paragraph. _____)**

4. GOVERNING LAW AND VENUE: Any legal action which in any way arises out of any of the matters set forth in this Parental Consent shall be brought exclusively in the 22nd Judicial District Court for the Parish of St. Tammany, State of Louisiana and shall be governed exclusively by the laws of the State of Louisiana.

5. If this Parental Consent contains any provision(s) that is found to be unenforceable or unlawful by a court of competent jurisdiction, i.e., the 22nd Judicial District Court for the Parish of St. Tammany, State of Louisiana, such provision(s), if possible, shall be modified to conform to applicable law or if modification would cause an illogical or unreasonable result, such provision(s)

shall be stricken from this Parental Consent as if never written without affecting the legal force and effect of this Parental Consent or any of its other provisions.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THE AGREEMENT INCLUDES A WAIVER OF LIABILITY AND AN ASSUMPTION OF RISK AND I SIGN IT OF MY OWN FREE WILL.

DATE _____

CHILD'S SIGNATURE _____

PRINT NAME _____

PARENT'S SIGNATURE _____

PRINT NAME _____

GUARDIAN'S SIGNATURE _____

PRINT NAME _____

ADDRESS _____

TELEPHONE _____

PLEASE NOTE:

EVERY PARTICIPANT MUST HAVE THIS FORM PROPERLY FILLED OUT, SIGNED AND IN THE HANDS OF THE REGATTA COMMITTEE IN ORDER TO SAIL OR PARTICIPATE. MAKE COPIES OF THIS FORM AS NEEDED FOR EACH PARTICIPANT.

NORTHSHORE LEUKEMIA CUP HIGH SCHOOL REGATTA
Pontchartrain Yacht Club
Mandeville, Louisiana
MEDICAL RELEASE & EMERGENCY INFORMATION

SAILOR'S NAME _____ **SEX** ____ (M) ____ (F)

ADDRESS _____

TELEPHONE _____ **(HM)** _____ **(WK)**

DOB _____

List all chronic ailments and allergies: _____

List all current medications: _____

Date of last tetanus shot: _____ **Blood type:** _____

Physician who conducted most recent physical examination:

Physician's name phone number date of last exam

Health Insurance Carrier phone number insurance ID number

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the State of Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. 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 to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

IN CASE OF EMERGENCY CALL:

NAME RELATIONSHIP PHONE NUMBER

PARENT/GUARDIAN

SIGNATURE: _____ **DATE** _____