



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 program being offered by the Kitsap Sailing & Rowing Foundation (KSRF) and I declare that I will not hold Kitsap Sailing & Rowing Foundation, its employees, or any volunteer associated with the program responsible for any injuries, damage, or personal loss incurred while participating or in connection with said program.

I hereby waive release and discharge any claims for damages against any person or entity in any way involved with this program, including but not limited to Kitsap Sailing & Rowing Foundation, which may arise as a result of my child's participation in 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.

Kitsap Sailing & Rowing Foundation, its staff, 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 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 Kitsap Sailing & Rowing Foundation, its 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