



2018 Charleston Community Sailing Inc.

2018 Medical & Liability Release Form

www.charlestoncommunitysailing.org

Students Name:		Birthdate:
Address:		
City, State, Zip		
Email:		
Day Phone:	Evening Phone:	
<input type="checkbox"/> Check here ONLY if you do NOT want to be photographed.		
Doctor Name:	Phone:	
Medical Plan:	Medical Plan #:	
Allergies (food or medication), or special instructions:		
Emergency Contact/Phone:		

Please include with registration form and send to: Charleston Community Sailing Inc., P.O. Box 21811, Charleston, SC 29413

Emergency Treatment Authorization

I hereby authorize and consent to any x-ray, examination, anesthetic, medical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the Dental Practice Act and on the staff of any acute general hospital from the State of South Carolina Department of Public 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.

Release

The undersigned participant recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to accept he/she into Charleston Community Sailing Inc., the undersigned participant covenants and agrees to hold harmless and indemnify the Charleston Community Sailing Inc. and The Charleston City Marina its officers, directors, employees, and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in anywise connected with the operation of the Charleston Community Sailing Inc. or any activities, events on or the use of any facilities or equipment of Charleston Community Sailing Inc.. I grant full permission for Charleston Community Sailing Inc. to use photographs of myself in the legitimate accounts and promotion of this class (unless checked above).

Certification of Swimming Skills

I hereby certify that I can swim unaided for 40 yards and tread water.

Agreement

I understand that I am responsible for my behavior and conduct while at the Charleston Community Sailing Inc. and will adhere to the program rules. I agree to assume the obligation for expenses of repair and/or replacement of program equipment that is attributed to reckless or irresponsible behavior and the expense of medical care if I am injured.

Signature of Participant

Date