

## **NLYC Liability Release Form And Medical Authorization**

As the participant, parent/guardian and/or sponsor of participant, I am aware that small boat sailing has risks and hazards, as does any sport. By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/my participation in our program. I release NLYC from all liability, costs and damages which might arise from participation in this program.

If the participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this treatment.

**Participant name** \_\_\_\_\_

**Guardian name** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **email** \_\_\_\_\_

**signature** \_\_\_\_\_ **date** \_\_\_\_\_

**Family doctor** \_\_\_\_\_ **phone#** \_\_\_\_\_

**Dentist** \_\_\_\_\_ **phone #** \_\_\_\_\_

**Health insurance name and #** \_\_\_\_\_

**Known medical problems or allergies:**

---

---

---

---

---

---

---

---

---

---