

**MINOR CHILD PARENTAL PERMISSION FORM**  
Please complete **one permission form per child.**  
Both parents / all legal guardians should sign below  
**2020 JUNIOR SAILING PROGRAM**

CHILD'S NAME: (Print) \_\_\_\_\_

PARENT/GUARDIAN'S NAMES: (Print)

\_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS (Street, City, Zip

\_\_\_\_\_

PRIMARY EMERGENCY CONTACT PHONE NUMBERS: \_\_\_\_\_

SECONDARY EMERGENCY CONTACT

PHONE: \_\_\_\_\_

CHILD'S PHYSICIAN'S NAME: \_\_\_\_\_

PHYSICIAN CONTACT NUMBER: \_\_\_\_\_

CHECK ONE:

NOTIFY PARENT/GUARDIAN AT CONTACT NUMBERS ABOVE IN CASE OF EMERGENCY

NOTIFY THE FOLLOWING PERSON (OTHER THAN PAREN/GUARDIAN) IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Medical release**

We, the parent/guardian(s) of the above-named child, hereby give our permission for our child's participation in the 2020 Niagara Sailing Club Junior Sailing Program ("Program") We agree to direct our child to cooperate and conform with the directions and instructions of the supervisors, instructors and volunteers responsible for the Junior Sailing Program activity. We represent that our child is in good physical condition and that he/she has no medical condition, disability, impairment or ailment, which would prevent him/her from participating in the Program. We acknowledge that NSC is relying on our representations contained within this agreement. We hereby give permission to the physician identified above to render medical treatment deemed necessary and appropriate by the physician and/or agree to transport to nearest medical facility. We acknowledge appropriate medical insurance coverage for our minor participant.

**ASSUMPTION OF RISK**

We recognize and acknowledge that the purpose of the Program is to instruct my child on water safety and the proper methods to be utilized during sailing activities and that by my child's participation in these lessons, abiding by the rules and using common sense, the inherent dangers involved in sailing can be greatly reduced by my child's participation in this Program. We are aware that the Program involves certain inherent risks, dangers and hazards that can result in serious personal injury or death. We are also aware that the related sailing, boating and related water activities contain dangers that can cause serious injury or death. We hereby freely agree to assume and accept all known and unknown risks of injury and death arising out of my child's participation in the Junior Sailing program. We, on behalf of ourselves, our minor child, our personal representatives, heirs, administrators, and assigns, agree to indemnify to the fullest extent permitted by law and forever hold harmless, release, waive, remise, discharge and covenant not to sue, the Niagara Sailing Club, Inc., its respective directors, officers, members, agents, volunteers, Program supervisors and instructors, or other sponsors of the Program ("indemnified parties") from all liability, losses, claims, demands, actions and causes of action of any sort for injury, death or property damage and which may be sustained in connection with my child's participation or my volunteer participation in the Program whether or not caused by the actions or in-actions of the indemnified parties.

**(TO BE SIGNED BY BOTH PARENTS WHERE APPLICABLE)**

PARENT/GUARDIAN'S SIGNATURE:

\_\_\_\_\_ DATE: \_\_\_\_\_

OTHER PARENT/GUARDIAN'S SIGNATURE:

\_\_\_\_\_ DATE: \_\_\_\_\_