

PERMISSION FOR MEDICAL CARE

In rare instances a medical emergency arises in which consent by the parent or guardian is legally required, but the proper person cannot be located. In such circumstances, in order to avoid delay which might jeopardize the life of recovery of a student, we request the following permission from the parent or guardian, with the understanding that every effort will be made to contact them in an emergency.

I hereby grant permission to the Regatta Chairperson, an Emergency Medical Technician, and/or other physicians he/she considers appropriate, to give emergency care as necessary.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND WAIVER OF CLAIMS AND SIGN IT OF MY FREE WILL.

ISSA RULE

THE USE OR POSSESSION OF ILLEGAL DRUGS AND/OR ALCOHOLIC BEVERAGE IS ABSOLUTELY PROHIBITED ON AND OFF THE WATER BY ANY COMPETITOR. ANY COMPETITOR USING, POSSESSING, OR BEING UNDER THE INFLUENCE OF SUCH DRUGS OR ALCOHOL WILL BE DISQUALIFIED FROM THE COMPETITION.

I certify that the student is named on this disclaimer is properly enrolled in the _____ school and is in the ____th grade at the present time. I further certify that the student is eligible for competition under the rules of the Interscholastic Sailing Association. I agree to be bound by *The Racing Rule of Sailing* and by all other *rules* that govern this event.

Signature of Participant

Date

Signature of Parent or Guardian

Date

Each competitor must have this Disclaimer on file with the committee at the time of registration. The parent as well as the competitor must properly sign the form. Proof of enrollment in the member school may be requested at any time.

Make additional copies of this form as needed for each participating team member.