

BRANT BEACH YACHT CLUB
MEDICAL RELEASE FORM
(FOR SAILORS ONLY)

Course _____

This is to certify that I, parent or guardian of _____ a sailor for the Brant Beach Yacht Club, hereby grant permission to the adult coaches of the team and/or their designee to obtain medical care from any licensed physician, hospital, or medical clinic for the sailor named herein at such times either parent or legal guardian cannot be contacted in person or by telephone. This document shall be construed to be a limited power of attorney given to the Grantees hereunder for the purposes of obtaining health care under the circumstances set forth above. This authorization shall include all Brant Beach Yacht Club sailing activities, including the period required to travel to and from those activities; and we do hereby waive, release, indemnify, and agree to hold harmless Brant Beach Yacht Club, the coaches, chaperones, and persons transporting the sailor to and from those activities, for any claim arising out of an injury to the sailor.

SIGNED _____
DATE _____

RELATIONSHIP _____
PHONE # _____
CELL PHONE# _____
EMERGENCY PHONE# _____