

**BRANT BEACH YACHT CLUB
WAIVER, RELEASE AND INDEMNITY AGREEMENT
Activities and Class Instruction**

This form must be completed front and back in order for students to participate

For and in consideration of permitting _____ (registrant's name), to enroll in and participate in activities and class instruction of Brant Beach Yacht Club, the **Undersigned, on behalf of him/herself or on behalf of his/her minor child or ward**, hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto, wherever or however the same may occur, and for whatever period said instructions may continue, and the **Undersigned, on behalf of him/herself or on behalf of his/her minor child or ward**, does for him/herself, his/hers heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, as aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/hers heirs, executors, administrators, and or assigns prosecute, present any claim for personal injury, property damage or wrongful death against Brant Beach Yacht Club or any of its officers, agents, servants or employees, whether the same shall arise by the negligence of or any of its officers, agents, servants, or employees, whether the same shall arise by negligence of any said persons or otherwise. **IT IS THE INTENTION OF THE UNDERSIGNED ON BEHALF OF HIM/HERSELF OR ON BEHALF OF HIS/HER MINOR CHILD OR WARD, BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE BRANT BEACH YACHT CLUB FROM ANY CLAIMS ARISING AS A RESULT OF PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH REGARDLESS OF CAUSE.**

The Undersigned, on behalf of him/herself or on behalf of his/her minor child or ward, his/her heirs, executors, administrators or assigns, agrees to indemnify and hold harmless BBYC, its agents, servants, and employees against any and all claims, demands, causes of action, suits or judgements including expenses incurred in connection therewith for death or injuries to persons or for loss of or damage to property arising out of in connection with the participation in activities and class instruction at Brant Beach Yacht Club.

The Undersigned, on behalf of him/herself or on behalf of his/her minor child or ward, agrees that the registrant will adhere to the program rules and further agrees to assume the obligation for the expenses repair and or replacement of club program equipment that is damaged due to the registrant's behavior. If the registrant is a minor child the undersigned agrees to make an appointment for a parent-instructor conference if requested.

THE UNDERSIGNED ON BEHALF OF HIM/HERSELF OR ON BEHALF OF HIS/HER MINOR CHILD OR WARD, ACKNOWLEDGES THAT HE/SHE HAS READ THE FORGOING PARAGRAPHS, HAS BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THE ACTIVITY AND INSTRUCTING OF THE REGISTRANT AND IS FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THE WITHIN INSTRUMENT.

SIGN HERE IF REGISTRANT IS ADULT

Signature _____
(Adult Registrant)

Print:
Name: _____
Address: _____
Telephone: _____

SIGN HERE IF REGISTRANT IS A MINOR

Signature _____
(Parent/Guardian)

Print:
Name: _____
Address: _____
Telephone: _____

PARENTS PLEASE CHECK ONE:

- _____ **I hereby grant permission for my child's photo to be published in the BBYC newsletter and or on the BBYC website.**
- _____ **I do not wished to have my child's photo used in publications or on the website.**

**BRANT BEACH YACHT CLUB
MEDICAL/EMERGENCY TREATMENT INFORMATION**

Registrant's Full Name: _____

Last

First

M.I.

Date of Birth: _____ Social Security Number _____

Parent's Name _____ Local Phone #: _____

Local Address: _____

Alternate Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone#: _____

Family Physician: _____ Physician Phone # _____

Blood Type: _____ Date of last Tetanus Shot: _____

Current Medications: _____

Chronic Aliments: _____

Allegeries: _____

Other Physical Problems: _____

Where the registrant is a minor, the policy of the Brant Beach Yacht Club will be to contact a parent or guardian before transporting a child to a doctor or hospital. **The Undersigned on behalf of him/herself or on behalf of his/her minor child or ward**, by this instrument authorizes any physician, dentist, nurse, hospital, emergency medical squad and or any instructor to administer or secure the administration of emergency medical treatment or first aid care to the registrant in the event of injury or illness which occurs during or connected with the program activities and in the case of a minor child, during the absence of the Undersigned until such time as the Undersigned is contacted in person or by telephone and specifically withdraws such authorization. The undersigned assumes full financial responsibility for any applicable policy of accident/health insurance including that issued to the Undersigned or to the registrant by:

(Insurance Co. Name): _____

(Policy#): _____

The Undersigned on behalf of him/herself or on behalf of his/her minor child or ward, by this instrument hereby releases Brant Beach Yacht Club, its agents, servants and employees, and holds them harmless and indemnifies them from all liability and or claims arising out of the administration of any such medical treatment as noted above afforded the registrant, and agrees that the New Jersey "Good Samaritan Act", N.J.S.A. 2A:62 A-1, is applicable to any medical treatments noted above afforded the registrant notwithstanding the location of where such emergency care is administered.

SIGN HERE IF REGISTRANT IS ADULT

SIGN HERE IF REGISTRANT IS MINOR

Signature: _____

(Adult Registrant)

Signature: _____

(Parent/Guardian)

Name: _____

Address: _____

Name: _____

Address: _____

Tel.# _____

Tel.# _____