

**Medical Disclosure, Photo Release, and Liability Waiver
Detroit Community Sailing Center**

Name _____

Medical Disclosure

Answer "Yes" or check (X) to any item that applies.

Do you have a history of, or currently have, any physical limitations that might prevent full participation in this course?

Yes _____. If yes, please specify _____

Please check (X) those that apply and provide additional information. Use reverse side if needed.

Chronic Ailments:

Asthma, or other respiratory problems () _____ Carry an inhaler YES () NO ()

Circulatory or heart problems () _____

Diabetes or hypoglycemia () _____

Epilepsy () _____

Hemophilia, or other bleeding problems () _____

Allergies:

Insect bites () _____

Bee stings () _____

Foods () _____

Drugs () _____

Others () _____

Carry an EpiPen YES () NO ()

I have no medical limitations and none of the above applies: AGREE ()

Important Note: My signature below confirms I have read and accurately completed this Medical Disclosure.

Photo Release

I hereby authorize Detroit Community Sailing Center and Challenge the Wind Youth Sailing Program to publish photographs taken during the class of the participant, and the participant's name, for use in Detroit Community Sailing Center and Challenge the Wind Youth Sailing Program's printed and electronic publications. I acknowledge that I will not receive financial compensation. I release Detroit Community Sailing Center and Challenge the Wind Youth Sailing Program, its contractors and its employees from liability for any claims by me or any third party in connection with this participation.

Name of Participant

Signature

Date