

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

Name(s) _____
Class Participant(s)

Medical Disclosure

Answer "Yes" or check (X) to any item that applies and include all names if multiple participants.

Does your child have a history of, or currently have, any physical limitations that might prevent full participation in this course?
Yes _____. If yes, please specify _____

Does your child have any learning disabilities 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 () _____ Carries 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 () _____

Carries an EpiPen YES () NO ()

Participant has 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 participation is voluntary and neither the participant nor I will 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.

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**Liability Waiver
Detroit Community Sailing Center**

**State of Michigan, Friends of Detroit Rowing, Detroit Boat Club, Detroit Community Sailing Center and Challenge the Wind Youth Sailing Program
Liability Waiver**

The undersigned parents or legal guardians (hereafter referred to in the singular) of participant registered (herein referred to as the "child"), request that the child be allowed to participate in any and all activities associated with Challenge the Wind Youth Sailing Program (also referred to as "the activities"). This agreement shall remain in effect until Challenge the Wind Youth Sailing Program receives written notice of cancellation of the consent or until the end of the activities described above. In return for the child being permitted to take part in the activities and to use the facilities and property of the State of Michigan, Friends of Detroit Rowing, Detroit Boat Club, Detroit Community Sailing Center and Challenge the Wind Youth Sailing Program you are agreeing to:

1. **Supervision:** Challenge the Wind Youth Sailing Program will have no responsibility for the supervision of my child at times other than during the scheduled activities.
2. **Cooperation:** My child is expected to cooperate with and follow the directions of the person in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.
3. **Capability:** My child is in good health, and I know of no reason why he/she would be incapable of participating in the activities. I will immediately notify the designated Challenge the Wind Youth Sailing Program Supervisor, if a change in my child's health or other condition would affect my child's ability to participate in the activities.
4. **Waiver of Liability:** I waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns I may have or acquire to make a claim against, sue, attach property or to prosecute the State of Michigan, Friends of Detroit Rowing, Detroit Boat Club, Detroit Community Sailing Center and Challenge the Wind Youth Sailing Program or any of their directors, officers, agents, employees, and affiliated organizations (herein referred to as the "releasees") for monetary damages caused by injury to my child or damage to the property of my child or myself arising from my child's participation in the activities and use of the facilities and property of the State of Michigan, Friends of Detroit Rowing, Detroit Boat Club, Detroit Community Sailing Center or Challenge the Wind Youth Sailing Program whether or not the injury or damage results from the negligence or other action, except intentional acts, of any of the releasees.
5. **Assumption Of Risk:** I am aware that the activities may involve maneuvering a boat or other watercraft on waters in conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters and collisions with other watercraft or stationary objects such as docks, pilings and buoys. With knowledge of the dangers involved, I voluntarily ask that my child be allowed to take part in the activities. I accept any and all risks to myself and my child of injury, death and property damage arising from participation in the activities and the use of the facilities and property of the State of Michigan, Friends of Detroit Rowing, Detroit Boat Club, Detroit Community Sailing Center and Challenge the Wind Youth Sailing Program, whether or not caused by the negligence or other action, except intentional acts, of any of the releasees.
6. **Indemnity Agreement:** I agree to indemnify and hold the releasees harmless from any loss, liability or damage or cost, including reasonable attorney's fees, they may incur due to my child's participation in the activities and use of the property and facilities of the State of Michigan, Friends of Detroit Rowing, Detroit Boat Club, Detroit Community Sailing Center and Challenge the Wind Youth Sailing Program, whether or not such loss, liability, damage or cost results from the negligence or other action, except intentional acts, of any of the releasees.

I have accurately completed the medical disclosure, carefully read the photo and liability waiver agreement, and fully understand its contents.

Name of Participant (s)

Name and Signature of Parent or Guardian

Date