



Fax: 401-846-7245
Mail: 60 Fort Adams Dr.
Newport, RI 02940

**Medical Authorization, Photographic Waiver
and Assumption of the Risk Liability Waiver**

**THIS FORM MUST BE COMPLETED PERSONALLY AND VOLUNTARILY BY A PARENT OR
LEGAL GUARDIAN OF THE MINOR NAMED BELOW FOR PARTICIPATION IN THE EVENT**

**(Boats competing with minors onboard without completed waiver at Sail Newport
before leaving dock may invalidate a boat's entry.)**

Minor's Name _____

Boat Type _____ **Boat or Skipper's Name** _____

Parent or Legal Guardian Name _____

Address _____

City, State, Zip _____

Relationship _____

Emergency Contact Cell Phone _____

Emergency Contact Alternative Phone _____

Person Responsible for Child at Regatta _____

Issues or allergies which medical personnel should be aware of _____

I acknowledge and accept the following statement:

MEDICAL AUTHORIZATION

I, the above listed parent or legal guardian of the above listed competitor(s), minor(s), do hereby authorize and consent to such medical or dental treatment services or care which are necessary or appropriate for my child(ren), including the selection of medical personnel and facilities and transportation or transfer of my child(ren) to such facilities and in connection with such treatment, services and/or care, to authorize and consent in my name and on my behalf to such emergency or necessary surgery, diagnostic or corrective, as they may determine to be necessary for the life, health or well being of my child(ren), after reasonable consultation with duly licensed physicians, surgeons and /or dentists. It is understood that reasonable effort shall be made to contact the undersigned prior to rendering treatment of my child(ren) but that any of the above treatment will not be withheld if the undersigned cannot be reached.

PHOTOGRAPHIC WAIVER

Furthermore, I understand that by my child(ren) participating in Sail Newport events, I automatically grant to the Organizing Authority and its sponsors the right in perpetuity to make, use and show, from time to time at their discretion, any motion pictures and live, taped or filmed television and other reproductions of him or her or them during the period of the competition without compensation.

ASSUMPTION OF THE RISK

I, the above listed parent or legal guardian of the above listed competitor(s) acknowledge that our child(ren) intends to participate in some or all of the Sail Newport events either as a youth competitor or as a crew member aboard an entered boat in a regatta or Sail Newport racing series, listed in the following during the period from June 2009 - October 2009. 2009 regattas include, the Sail Newport Youth Challenge (June 13-14, 2009), the Coastal Living Newport Regatta (July 10-12, 2009), The Opti NE Championship (Aug. 4-6, 2009) The Classic Yacht Regatta (Sept. 5-6, 2009), the Six Metre World Cup (September 7-13, 2009), Sail For Hope (Oct. 3, 2009) and Halloween Howl (Oct. 24, 2009). The undersigned specifically asserts that the minor(s)-competitor(s) will comply with the RRS of Sailing and rules and regulations of the event. I will make certain that my child(ren) is provided with a Coast Guard approved life jacket and will wear it at all times while on the docks or on the water. I am aware that participation in a sailing event presents the risk of serious injury and even death. I acknowledge that the risks exist and assume said risks with respect to practicing or participating in a Sail Newport sailing event either on the water, on the docks or on shore.

Signature _____ **Date** _____

Please mail original to Katie Barker, Sail Newport, 60 Fort Adams Dr., Newport, RI 02840. Forms may be fax'd to 401.846.7245 but must also be submitted with original signature immediately upon returning to shore.