



Harbour Sailing Club

Youth Sailing Program of Harbour Sailing Club, Inc.

Youth Membership – Waiver of Liability – Emergency Authorization

Sailor(s) Name(s): _____

Harbour Sailing Club, Inc. Sailing Program: **TRICK OR TREAT REGATTA**

I (Parent / Guardian Name) _____ understand the activities involved in the Harbour Sailing Club, Inc. (HSC) Trick or Treat program and do hereby enroll my child(ren), named above, as minors, as a Junior HSC member(s) to participate in the above Sailing Program.

I authorize the Harbour Sailing Club, Inc. Inc. its officers, directors, agents and employees to sanction medical treatment and /or transportation of my child in case of emergency, accident or illness, with the understanding that I shall be responsible for the costs of such treatment.

I certify that my child(ren) is/are healthy for the program activities, with consideration for the following restrictions or health concerns: (list none or recent surgeries, asthma or conditions):

I also certify that I will provide, or use an available HSC, U. S. Coast Guard approved Personal Floatation Device (PFD) for my child; and, that I and my child(ren) will wear it at all times when sailing/boating or on a dock. I understand that photographs may be taken of me/my child for use in HSC promotions and I authorize their use for such promotions.

To extent allowed in accordance with Florida Laws, I hereby waive any liabilities that Harbour Sailing Club, Inc., Queen’s Harbour Yacht Club, Inc., Queen’s Harbour Property Owners’ Association or Club Corp of America, its officers, directors, agents or employees might have, and I agree that said officers, directors, agents or employees shall not be liable for any bodily injury to my child.

Parent/Guardian: _____ Oct 30,2022

PRINT / SIGN

Address: _____ Jax, FL: _____

Email: _____ Phone #: _____

NOTE: A Parent or Guardian must remain on-site during this event. Please hand in this Event Membership & Waiver form, on Site, at Registration desk -with Event Fee. Thank You.