

**MINOR WAIVER AND RELEASE**  
**RS21 SAILOR (under 18 years of age)**

1. As parent or legal guardian of \_\_\_\_\_ (the "Participant"), I recognize that sailing is an activity that has an inherent risk of damage and injury associated with it, and hereby acknowledge and agree that the minor Participant's decision to sail or to continue sailing under the existing forecast or anticipated conditions of wind, sea and weather is entirely at his or her own risk, with my full understanding of such risk.

2. For and on behalf of Participant and myself, I acknowledge and agree that neither The Royal Hamilton Amateur Dinghy Club (RHADC) or its respective members, officers, directors, employees, agents, and/or contractors will be responsible for:

(a) Any loss or damage to the chartered vessel;

(b) my or Participant's property, or

(c) any personal injury, including death,

sustained as a result of Participant's decision to sail or to continue sailing the vessel, regardless of the fact that such damage may, in whole or in part, be due to the negligence of RHADC or its members, officers, directors, employees, agents, and/or contractors.

3. **I hereby assume all risk of injury to or death of any person and the loss or destruction of property from any cause whatsoever in connection with Participant's possession, use or operation of the vessel. To the fullest extent permitted by law, I hereby RELEASE The Royal Hamilton Amateur Dinghy Club, and the officers, directors, members, employees, agents, and/or contractors (collectively referred herein as the "Released Parties") of any or all of the foregoing and WAIVE any and all claims and causes of action against the Released Parties, or any of them, including without limitation any and all suits, losses, liabilities, demands, attorney's fees, costs, damages, or expenses, which arise out of, directly or indirectly, my operation or use of the vessel, without limit and without regard to the cause or causes thereof, even if caused by the sole or concurrent, ordinary or gross negligence, fault, or strict liability of any or all of the Released Parties or the unseaworthiness of the vessel, excepting only the willful or intentional acts of the Released Parties. I further WARRANT and REPRESENT that I have the authority to enter into this Waiver and**

**Release agreement on behalf of Participant, Participant's family or guardian.**

Parent or Legal Guardian's Signature

Date

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent or Legal Guardian's Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address (if different): \_\_\_\_\_  
Additional Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF A MINOR**

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Plan: \_\_\_\_\_  
Allergies (food or medication), or special instructions: \_\_\_\_\_  
Accommodations needed: \_\_\_\_\_

This authorization applies to the Participant who is under the age of 18 years of age. I have the authority to consent to medical treatment of the foregoing Participant. Should the Participant be in need of medical treatment, my signature below confirms my permission for this to be done in the event that I cannot be reached promptly. I request that any health care provider accept this as a full authorization. I further agree to be fully responsible for any and all reasonable and necessary expenses incurred as a result of the use of this authorization.

Parent or Legal Guardian's Signature

Date

Printed Name: \_\_\_\_\_

Witness Signature

Date

Printed Name: \_\_\_\_\_