**THE AMERICAN LEGION YACHT CLUB**

**JUNIOR SAILING PROGRAM**

**SUMMER 2020**

**PARENTS OR GUARDIANS PERMISSION FOR JUNIOR SAILING**

**PROGRAM AND WAIVER OF CLAIMS**

For and in consideration of permitting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: age\_\_\_\_, to enroll in and participate in the American Legion Yacht Club Junior Sailing Program (“Program”) Session \_\_\_\_\_\_\_, Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My Child is in good physical condition at present and has my permission to participate in all “Program” activities. During the “Program” period, I may be reached at:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Alt Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

**THE UNDERSIGNED PARENT OR GUARDIAN HEREBY WAIVES AND RELEASES ANY AND ALL CLAIMS OF WHATSOEVER KIND OR NATURE THEY OR THEIR CHILD MAY HAVE, OR MAY HEREAFTER HAVE AGAINST THE AMERICAN LEGION NEWPORT HARBOR POST 291 AND/OR THE AMERICAN LEGION POST 291 YACHT CLUB, ITS OFFICERS, ITS PROGRAM LEADERS AND INSTRUCTORS AND ITS OTHER AGENTS, INCLUDING MEMBERS ASSISTING OR PROVIDING OR OPERATING BOATS, AUTOMOBILES OR OTHER FACILITIES FOR THE “PROGRAM” ARISING OUT OF THE “PROGRAM” OR OUT OF ACTIONS OF THE AFORESAID OFFICERS, LEADERS AND AGENTS DURING THE “PROGRAM”.**

**PARENT OR GUARDIAN CONSENT FOR EMERGENCY MEDICAL TREATMENT**

To whom it may concern:

The undersigned do hereby authorize the adult persons into whose care our child has been entrusted, as part of The American Legion Post 291 Yacht Club Junior Sailing Program, to consent to any X-Ray examination, anesthetic, medical or surgical treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to a X-Ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

It is further understood that permissions is hereby granted to agents of The American Legion Post 291 Yacht Club and to paramedics of the City of Newport Beach and of the County of Orange to obtain and administer such medical aid or assistance as might, in their judgment, be required for the immediate care of our child in the event such help of an emergency nature becomes necessary.

In no event will The American Legion Post 291 Yacht Club, its officers, leaders or agents be held liable for any first aid treatment or hospital care rendered, or drugs, medicine or surgical procedures performed pursuant to this consent.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Print Name then Sign

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_