

SVI 2021

Sail for the Visually Impaired



Sponsored by the American Legion Post 291 Family

SATURDAY- OCTOBER 9, 2021 8:00 AM - 5:00 PM

MEDICAL RELEASE FORM

This form must be completed in order to grant vessel boarding privileges. I agree to comply with all the rules and instructions governing this event.

I hereby release the American Legion Post 291, skipper of vessel, its officers, agents, or committee personnel from any and all liability for injury to myself or yacht to the extent that such release does not discharge the insurance carrier under the provisions of the insurance policy on the yacht participating in this event.

I assume any risk of injury arising out of my participation in this event, failure or breakage of the yacht sailed on or any of its equipment, or weather conditions.

In the event of any medical emergency, I grant the representatives for this sailing event to take any action deemed necessary to protect ALL participants' health and safety at my expense, including but not limited to placing the participant under the care of a doctor or in a hospital, at any place, for medical examination or treatment

I AM A (CHECK ONE)

VISUALLY IMPAIRED GUEST VISUALLY IMPAIRED GUEST ESCORT EVENT VOLUNTEER

VISUALLY IMPAIRED GUESTS, PLEASE CHECK ONE:

I AM AFFILIATED WITH

BRAILLE INSTITUTE-LOS ANGELES BRAILLE INSTITUTE-ANAHEIM EYE DAS
 LONG BEACH VA OTHER _____

Name: _____ Signature: _____

Phone: _____ Date: _____

Email: _____

In case of emergency, please notify:

Name: _____ Phone: _____

Please scan and email this form to SVI@ALYC.com

This form can also be mailed to

American Legion Yacht Club

215 15th Street

Newport Beach, CA 92663