

MARINER SAILING SCHOOL

Belle Haven Marina • Alexandria, Virginia • 703-768-0018

I am the parent or legal guardian of _____, who is under the age of 18 years and who wishes to participate in the Mariner Sailing School program. In consideration of the Mariner Sailing School allowing my child or ward to participate in that program, I hereby agree to indemnify the Mariner Sailing School and all other persons described in Paragraph 3, and to hold each and all of them harmless from any claim or demand on account of injury to or damage suffered by my child or ward as a result of participation in that program, whether on Belle Haven Marina premises or elsewhere. I acknowledge it is my responsibility to deliver my child(ren) to the program and to pick up my child(ren) promptly upon the scheduled conclusion of the program.

1. I understand and acknowledge that participation in the program may be dangerous and may involve risks which include, but are not limited to, bodily injury, partial or total disability, paralysis and death. I also understand and acknowledge that the social and economic losses or damages which can result from those risks and dangers can be severe and that not all such risks and dangers may be known or reasonably foreseeable at this time. I accept the responsibility for losses or damages resulting from all such risks and dangers involved in participation in the program.

2. I agree to take appropriate precautions for my own safety and that of others when participating in the program and further agree that, before participating I will inspect the facilities and equipment to be used and will, if I believe anything is unsafe, immediately advise the person in charge of that unsafe condition and will refuse to participate.

3. I hereby release, waive and discharge Belle Haven Marina (BHM), its coaches, instructors, officials and volunteers engaged by BHM, in the conduct of the program, and Belle Haven Marina officers, directors, agents and employees, from all liability to me and to my conservators, guardians or other legal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, death or damage to property, arising out of my participation in the program, whether on Belle Haven Marina premises or elsewhere, including transportation of myself and/or my child/ward to and from events and venues.

4. I also hereby agree to indemnify and to hold harmless from any demand or claim on account of injury or damage which I may suffer as a result of participation in the program Belle Haven Marina and all other persons mentioned in Paragraph 3.

5. I understand that this release, waiver and agreement to indemnify and hold harmless includes, but is not limited to, claims or demands on account of injury or damage caused or allegedly caused in whole or in part by the negligence of Belle Haven Marina or any of individuals listed in Paragraph 3.

Emergency Contact Name: _____
Emergency Contact Phone: _____

PARENT'S CONSENT FOR MEDICAL TREATMENT

I do not wish to provide consent for medical treatment.

I wish to provide consent and have completed the form below.

_____, natural parent and/or guardian of _____, do hereby fully authorize the Mariner Sailing School coaching staff or designated chaperones to act on my behalf in the event my child(ren) is the victim of an accident, injury or illness that requires immediate medical or surgical care. Actions on behalf of my child(ren) shall include but not be limited to authorization for Mariner Sailing School coaching staff or other chaperones to arrange for such medical care as they deem appropriate, substantiated by local medical advice, and to give any required consent for such medical care. I acknowledge that it is my responsibility to advise the Mariner Sailing School, in writing, of any allergies, medical problems or prescription medicine requirements that would be pertinent in the treatment of my child(ren).

Medical Insurance Company Name: _____

Plan No. _____

Primary Physician Name: _____

Physician Phone: _____

Signature of Parent or Legal Guardian Date: _____