# Westwind Sailing Youth Medical Release and Liability Waiver – Lake Mission Viejo

**Medical Release**

I (we) the undersigned parent or legal guardian of _____, a minor, do hereby request that (s)he be permitted to attend Westwind Sailing programs during this year: _____ and should the need arise, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of public health. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable Westwind Sailing, its officers, or leaders for medical aid rendered and will reimburse Westwind Sailing for medical or other expenses incurred in the care of my son/daughter.

**Liability Waiver/ Terms and Conditions**

I (we) the undersigned parent or legal guardian of _____, a minor, do hereby consent to the aforementioned minor's participation in the activities sponsored by or associated with Westwind Sailing and Lake Mission Viejo. I UNDERSTAND THAT SUCH PARTICIPATION CAN INCLUDE HAZARDOUS ACTIVITIES WHICH MAY EXPOSE HER/HIM TO CERTAIN RISKS OF INJURY SUCH AS LACERATIONS, PULLS AND STRAINS, FRACTURES, CONCUSSIONS, LOSS OF LIMB, DROWNING OR EVERN DEATH.

In consideration of this consent to participate in said programs and activities, I hereby agree, on behalf of said minor and his/her assigns and heirs, to release, defend and hold harmless, the State of California, the County of Orange, the Lake Mission Viejo Association and all of their officers, employees and agents, Westwind Sailing and all of their officers, employees and agents (collectively the "Releasees") from and against any and all actions, claims, damages (including attorney fees) of liability arising or resulting from his/her participation in the activities sponsored by or associated with Westwind Sailing or Lake Mission Viejo Association including without limitation, damage to or destruction of any property or injury or death to any person.

I HAVE CAREFULLY READ THE SAFETY RULES, MEDICAL RELEASE/LIABILITY WAIVER/TERMS AND CONDITIONS AND FULLY UNDERSTAND THEIR CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE RELEASEES AND SIGN IT OF MY OWN FREE WILL ON BEHALF OF SAID MINOR.

_____ _____

Print Name (legal guardian) Signature (legal guardian) Date

Address:_____ City:_____ State:_____ Zip:_____

DAY PHONE:_____ EVENING PHONE:_____

CELL PHONE:_____ E MAIL:_____

Parent or legal guardian e mail:_____

Westwind Sailing reserves the right to photograph program participants for publicity purposes. (INITIAL)_____

ADDITIONAL PHONE/CONTACT:_____

NOTIFY IN CASE OF EMERGENCY (preferably a relative) NAME: _____

EMERGENCY CONTACT NUMBER(S):_____