Summer Camp Medical and Liability Form

I hereby authorize my child to participate in the Coconut Grove Sailing Program.
Child's Name : _____

In consideration of the Coconut Grove Sailing Club, Inc. a not-for-profit Florida corporation, providing sailing instructions to my child, I hereby release, acquit, and discharge the Coconut Grove Sailing Club, Inc. its successors and assigns, its employees, agents, members, volunteers, officers and directors from all claims, demands, actions, causes of action, damages, injuries and cost of any nature or kind whether property, personal injury or bodily injury or any other type of injury or damage that may arise from my child's participation in the sailing program as well as use of the facilities of the Club, and its equipment. This release is on my behalf as the parent or legal guardian and on behalf of my child and any person claiming through my child.

I understand the risks inherent in the sport of sailing and in water sports in general, and in any activity involving children. I attest that my participating child has had swimming instructions and is capable of treading water for five minutes, swimming 25 meters with good form and easy breathing (any stroke) and demonstrates the capacity to alternate floating and treading water for an unlimited period of time. I understand that these skills may help reduce the risks but cannot eliminate them.

I also attest that my participating child is free and unencumbered from any physical or mental impairment and is free of any contagious or infectious disease that might interfere with his or her health or safety during this program.

I give authorization to the CGSC for treatment in the event of any accident or injury if I cannot be reached.

I herby grant Coconut Grove Sailing Club and its related Companies the right to take, copyright, use, publish, alter and distribute photographs, movies, films, videotapes, audiotapes, and any other recording of the child. I further irrevocable consent to the worldwide use of the child's name, voice likeness. I understand that such use may include publicity, advertising, promotion or any other lawful purpose, without restrictions or remunerations.

I have read and attest that the above is true and correct.

_____	_____	_____
Print Name	**Signature**	**Date**
(Parent or Guardian)		

Home Phone:_____ **Work Phone**:_____ **Cell Phone**:_____

Emergency Contact:
Contact 1: Name: _____ Telephone: _____
Contact 2: Name: _____ Telephone: _____

Medical Information:
List Allergies or Medications currently taking:
_____

Name and Number of Primary Physician: _____

Insurance Company_____ Policy number_____