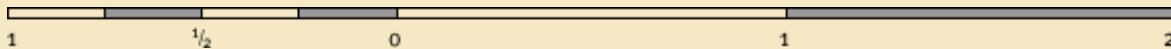




YOUTH SAILING



IYC Youth Sailing Program Permission and Responsibility Waiver

Summer 2009

I give permission for my child, _____, to participate in the IYC Youth Sailing Program and Recreation Program and to go on all Youth Sailing and Recreation excursions during the months of June, July, and August. I agree to indemnify and hold harmless the instructors and leaders of these programs, the Inverness Yacht Club and its Officers, Directors and Employees, and absolve them of any responsibility should an injury occur to my child, notwithstanding any fault or neglect of any of them. I further agree to be responsible for and promptly reimburse the IYC for any damage that may be done to IYC boats or facilities used by my child or children.

I further give permission for my child to receive medical treatment from any licensed physician in the event of an emergency.

My child, _____, has the following allergies, medical or special learning conditions:

In case of emergency, please notify:

Name: _____

Phone: _____

Name: _____

Phone: _____

I understand that acceptance of my child as a student in the Youth Sailing and Recreation Program of the Inverness Yacht Club is subject to:

- [a] Space availability.
- [b] The demonstrated ability of the student to pass a swimming qualification.
- [c] The requirement that the student must provide and wear a Coast Guard approved Type III life jacket.
- [d] The requirement that the student provide and wear a wet suit and closed toed shoes.
- [e] The student following the direction of the Program Instructors and Staff.
- [f] The understanding that drugs, alcohol or cigarettes brought on to the Club's property or to any Youth Sailing activity will result in dismissal.

Date: _____

Applicant Name: _____

Applicant Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

THIS FORM MUST ACCOMPANY APPLICATION