CHSST, Inc.

Parent's Consent and Waiver of Liability/Assumption of Risk-Indemnity Agreement

- 1. I am familiar with the programs included in the activities, and I understand officers, contractors and employees of CHSST are available to discuss the activities if I should request additional information. I also understand I am solely responsible for the arrival and departure of my child at the beginning and end of each day's activity. I will not allow my child to remain on the premises of any CHSST activity after each day's program without appropriate supervision of the written permission of the Coronado Yacht Club or hosting venue. I agree CHSST will have no responsibility for the supervision of my child at times other than during the scheduled activities. I will advise my child that he/she is expected to cooperate with, and follow the directions of, the persons in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.
- 2. My child is in good health, and I know of no reason why he/she would be incapable of participating in the activities. My child knows how to swim. I will immediately notify the CHSST board, if a change in my child's health of other condition would affect my child's ability to participate in the activities.
- 3. WAIVER OF LIABILITY: I waive and release any right I, my heirs, distributes, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of or prosecute CHSST, Coronado Yacht Club or any of their members, directors, officers, agents, employees and affiliated organizations (herein referred to as "the releases") for monetary damages caused by injury to my child or damage to the property of my child or myself arising from my child's participation in the activities and use of the facilities and property of CHSST or Coronado Yacht Club, including the use of photographs and the name of my child involving such activities and use, whether or not the injury of damage results from the negligence or other action, except intentional acts, of the releases. (Please initial to indicate you have read this paragraph_____)
- 4. <u>ASSUMPTION OF RISK:</u> I am aware that the activities may involve maneuvering a boat, sailboard or other watercraft of deep waters in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft of stationary objects such as docks, pilings, and buoys. With knowledge of the dangers involved, I voluntarily ask that my child be allowed to take part in the activities. I accept any and all risks to myself and my child of injury, death and property damage arising from participation in the activities and the use of the facilities and property of CHSST or Coronado Yacht Club, whether or not caused by the negligence or other action, except intentional acts, of any of the releases. (Please initial to indicate you have read this paragraph_____)
- 5. <u>INDEMNITY AGREEMENT:</u> I agree to indemnify and hold the releases harmless from any loss, liability, damage or cost, including reasonable attorneys free, that may incur due to my child's participation in the activities and use whether or not such loss, liability, damage or cost results from the negligence or other action, except intentional acts, of any of the releases. (Please initial to indicate you have read this paragraph_____)

I have carefully read this agreement and fully understand its contents. I am aware the agreements includes a waiver of liability, an assumption of risk, and an agreement by me to indemnify the releases, and I sign it of my own free will.

Date	_Child's Signature	(Print name)
Date	Parent's Signature	(Print name)

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

The undersigned parent or legal guardian of a minor, does hereby authorize consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis, or treatment, or hospital care, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act. It is understood that the authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California

1.	Family Doctor	_Phone			
2. 3.	Medical Insurance Provider Persons to contact in an emergency	<u>'</u>		Phone #	
		_Relationship		Phone	
		_Relationship		_Phone	
4.	Medical Conditions				
5.	Known Allergies				
6.	Current Medications				