

NORTH LAKE SAILING SCHOOL

RELEASE AND MEDICAL AUTHORIZATION – One per Family Unit

KNOW ALL MEN BY THESE PRESENT:

The undersigned parents of _____ (first and last name)

_____ (first and last name)

desires his/her child(ren) to participate in the 2011 NLYC Sailing School program and acknowledges that there are dangers and risks of injury or property damage inherent in the activity, but still desires his/her child(ren) to participate.

THEREFORE, the undersigned, in consideration of the opportunity for their child(ren) to participate and other good and valuable consideration, does hereby forever and by these presents does for their heirs, executors, successors and assigns, release and discharge the North Lake Sailing School, its directors, agents, and/or employees and any and all owners of property on which sailing school activities, events or classes are held, including, but not limited to, the North Lake Yacht Club, its directors and agents, from any and all claims, actions, causes of action, damages, expenses and/or personal injuries and/or property damage resulting from any accident or event arising out of the Sailing School activities.

FURTHER, the undersigned, in the event that he or she cannot be contacted through reasonable efforts, does hereby empower and grant to Pat Van Till or her representative permission to consent to and authorize medical and hospital care and treatment for the above child(ren). This authorization shall be valid from June 13, 2011 through August 20, 2011. I do hereby indemnify and hold harmless the physicians, hospital and other persons who acted in reliance upon the authorization.

The undersigned further declares and represents that no promises, inducements or agreements not herein expressed have been made and this RELEASE AND MEDICAL AUTHORIZATION contains the entire agreement between parties.

Executed this _____ day of _____, 2011

PARENT

PARENT

WITNESS