

Venice Youth Boating Association, Inc.
(Hereinafter referred to as "VYBA")
Participant's Agreement – ADULT Sailing Programs

Medical Release, Consent, Waiver of Liability, and Assumption of Risk

I, _____, (please print name) by my signature hereto, do expressly consent to this Agreement that provides a medical release, consent, waiver of liability and assumption of risk for sailing at VYBA.

Medical Release:

In the event of an emergency medical, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any medical professional licensed under the laws of the State of Florida. I understand that this permission is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned medical personnel in the exercise of their best judgment may deem advisable. I understand that reasonable efforts shall be made to contact the person named below prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if I cannot be reached.

Printed Name of Emergency Contact

Phone Number

Participation Consent - Waiver of Liability - Assumption of Risk:

Agreeing to participate in activities at VYBA (herein referred to as "the activities"), I do hereby further consent to use the facilities, equipment, and property of the VYBA and/or the Venice Yacht Club, (VYC), and I make the following promises and warrant the truth of the following facts:

- A. PARTICIPANT CONSENT:** I am familiar with the programs included in the activities, and I understand officers and employees of the VYBA are available to discuss the activities should I wish additional information.
- B. HEALTH:** I am in good health, and I know of no reason why I am incapable of participating in the activities of VYBA. I know how to swim.
- C. WAIVER OF LIABILITY:** I waive and release my rights that I, my heirs, distributees, guardians, legal representatives, and/or assigns may have or acquire to make a claim against, sue, attach the property of or prosecute the VYBA or VYC 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 me for damage to my property or me or arising from my participation in the activities and use of the facilities and property of VYBA and VYC, whether or not the injury or damage results from the negligence or other action, except intentional acts of any of the releases.
- D. ASSUMPTION OF RISK:** I am aware that the activities of VYBA may involve risks maneuvering a boat, sailboard, or other watercraft on land and in deep water, in potentially hazardous conditions, which may include strong winds, high waves, sudden and unexpected immersion in deep waters, and collision with other watercraft or stationary objects such as docks, pilings and buoys. With the knowledge of the risks involved, I voluntarily agree to participate in the activities of VYBA.

I ACCEPT ANY AND ALL RISKS TO ME OF INJURY, DEATH, AND PROPERTY OF THE VYBA AND THE VYC, WHETHER OR NOT CAUSED BY NEGLIGENCE OR OTHER ACTION.

This consent and authorization shall remain in effect until the person, granting this consent/authorization, notifies VYBA, in writing, that said consent/authorization is revoked.

Signature of Adult

Date

Printed Name of Adult