



## Medical & Emergency Information

This form must be completed and signed by you or your parents (if you are a minor) and submitted along with your course enrollment.

Name \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
(Street, City, State, Zip)

Do you have a history of, or do you currently have any **physical limitations** that might prevent you from fully participating in this course? Yes \_\_\_ No \_\_\_ If yes, please specify on reverse.

Do you have any **disability** that might prevent you from fully participating in this course?

Yes \_\_\_ No \_\_\_ If yes, please specify on reverse.

Please check (✓) those that apply and provide necessary information alongside.

### *Chronic Ailments*

Asthma, or other respiratory problems \_\_\_\_\_

Circulatory or heart problems \_\_\_\_\_

Diabetes or hypoglycemia \_\_\_\_\_

Epilepsy \_\_\_\_\_

Hemophilia, or other bleeding problems \_\_\_\_\_

### *Allergies*

Insect bites \_\_\_\_\_

Bee stings \_\_\_\_\_

Foods \_\_\_\_\_

Drugs \_\_\_\_\_

Others, if significant \_\_\_\_\_

### **Current medications or pertinent information:**

Blood type \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Family physician name \_\_\_\_\_ Phone \_\_\_\_\_

Date of most recent physical examination \_\_\_\_\_

Where are your medical records kept? \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Insurance ID \_\_\_\_\_

I, the undersigned, do 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 member of the medical staff or of a dentist licensed under the provisions of the Education Law and/or Public Health Law of the State of New Jersey and on the staff of any hospital holding a current operating certificate issued by the Department of Health of the State of New Jersey. It is understood that this authorization 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 physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the above people prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if any of these people cannot be reached.

\_\_\_\_\_  
**Signature of Applicant, OR Parent or Guardian (if applicant is a minor)**

\_\_\_\_\_  
**Date**



## AHSEP WAIVER - Summer 2011

IN CONSIDERATION of being given the opportunity to participate in any way in the Atlantic Highlands Sailing Education Program I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Sailing Activities, both on the water and land based and that I am qualified, in good health, and in proper physical condition to participate in any Activity. I FURTHER WARRANT that I have basic swimming skills. 2. FULLY UNDERSTAND that: (a) SAILING ACTIVITIES INVOLVE RISKS AND

DANGERS of serious bodily injury, including permanent disability, paralysis, and death ("risks"); (b) these risks may be caused by my own actions, or inactions, the actions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "releasees" named below; (c) there may be other risks and social and economic losses either not known to me or not foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in any Activity. 3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.

4. HEREBY RELEASE, discharge, and covenant not to sue the Atlantic Highlands Sailing Education Program, their administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the releasees herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost which may incur as a the result of such a claim. ***I have read this agreement, fully understand its terms, and understand that I have given up substantial rights by signing it. I have signed it freely and without any induction or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force.***

Printed name of Participant: \_\_\_\_\_

### **Parental Consent**

AND I, the minor's parent and/or legal guardian, understand the nature of sailing activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS, each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost that may incur as the result of any such claim. **Printed name of Participant (18 yrs or older), or Parent/Guardian Name:** \_\_\_\_\_

**Participant's Signature (18 years or older), OR Parent/Guardian's Signature (if participant is under the age of 18):** \_\_\_\_\_  
**(Date)** \_\_\_\_\_

**Information Release:** In order to promote AHSEP, we may use student pictures and/or names on our website, club website, press releases or other venues. Please indicate your willingness to participate by checking the appropriate box. YES \_\_\_ NO \_\_\_

Parent Signature: \_\_\_\_\_