



BARRINGTON YACHT CLUB

Junior Activities Program

Waiver of Liability

I, parent/guardian of _____, a minor,
(print Junior Member's name)

hereby waive any and all liability that the Barrington Yacht Club ("BYC"), its officers, directors, agents, servants or employees might have for, and agree that BYC, its officers, directors, agents, servants and employees shall not be liable for, any bodily injury to my child incurred while my child is participating in any junior activity sponsored by BYC, and I hereby assume the risk of any bodily injury incurred by my child while participating in any junior activity sponsored by BYC.

I further agree that my child and I will abide by the rules of BYC's Junior Activities Program and understand that Yacht Club privileges may be taken away as a result of any infractions at the discretion of BYC Staff.

I further hereby release, discharge and otherwise indemnify BYC, all directors, agents, officers and employees of BYC and the Junior Activities Committee of BYC from any and all negligence, liability, damage, injury, loss, cost or expense, including reasonable attorneys' fees, incurred by or in behalf of my child and arising in connection with or as a result of my child's participation in any junior activity and/or being transported to or from any junior activity, which transportation I hereby authorize.

The foregoing provision shall not apply to acts or omissions of or by BYC, its directors, agents, officers and employees, or the Junior Activities Committee of BYC which were committed in willful, wanton or reckless disregard for the safety of my child.

Signature of Parent/Guardian: _____ **Date:** _____



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Information / Medical Release Form

Last Name _____ First Name _____ DOB _____

Home Address _____

City _____ State _____ Zip _____

Family Home Phone _____ E-Mail _____ Shirt Size _____

Junior Member's E-Mail (to receive weekly activities E-Mails) _____

Mother's Name _____ Mother's Cell _____

Father's Name _____ Father's Cell _____

Medical Conditions _____

Allergies: _____ Medications: (i.e. asthma sprays, Epi-pen) _____

Physician Name: _____ Phone Number: _____

Insurance Company _____ Policy Number _____

EMERGENCY CONTACT IF PARENTS ARE UNAVAILABLE

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named child I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of Parent/Guardian: _____ Date _____