



**2018 Event Participation Agreement, Waiver, and Indemnification**

**Friday, July 27<sup>th</sup> – Youth Regatta & Saturday, July 28<sup>th</sup> – Classics Cup Regatta**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Club/Organization: \_\_\_\_\_

Emergency Contacts:    Name                      Relationship                      Phone

1. \_\_\_\_\_

2. \_\_\_\_\_

Does the participant have any physical limitations, including glasses and hearing aids, that might prevent him/her from fully participating in the events? YES \_\_\_\_\_ NO \_\_\_\_\_

Please provide information on all medical conditions that our staff should be aware of, for example: chronic ailments such as asthma, heart problems, diabetes, etc...., and allergies, including animal, food, and medical.

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I acknowledge and agree as follows with respect to the participation of myself and my child (the "Participant") in the programs of the Camden Classics Cup Youth Regatta and Camden Classics Cup. In the event that I am signing with respect to a minor child, I certify that I am the legal parent or guardian of such minor child. I acknowledge that the following agreements shall be binding upon the Participant and shall inure to and be binding upon the Participant's heirs, guardians, and assigns.

I acknowledge that sailing involves substantial risk of severe and life-threatening injury, and I hereby assume the risk of such injury to the Participant arising from participation in this regatta. I waive, release, and covenant not to sue with respect to any and all rights and claims that the Participant may have against the CCCYR and CCC, and the officers, directors, agents, employees, volunteers, and sponsoring individuals and organizations

thereof, arising out of the Participant's participation in the events, including traveling to and from and participating in an event sponsored or sanctioned by the CCCYR and CCC. I further agree to indemnify and hold harmless the CCCYR and CCC, and the officers, directors, agents, employees, volunteers, and sponsoring individuals and organizations thereof, for any costs, including legal fees, and any other expenses incurred in connection with any such right or claim.

I agree that the Participant will abide by the rules of the CCCYR and CCC and all instructions of staff and volunteers while on Lyman-Morse premises and at off site events sponsored or sanctioned by CCCYR and CCC and I acknowledge that failure to do so may result in dismissal from any and all participation in the events at the sole discretion of the staff. I agree to reimburse CCCYR and CCC the cost of repairing and/or replacing equipment damaged during the events as a result of the Participant's failure to abide by the rules and/or the instructions of the staff and volunteers.

I grant CCCYR and CCC the right and permission to use, store, reproduce, and publish printed or electronic representations of the Participant's image, voice, and/or likeness. I waive any right to compensation with respect to the foregoing.

If the Emergency Contacts provided above cannot immediately be reach in the event of a medical emergency, I hereby authorize and consent to such medical treatment of the Participant as may be deemed necessary or advisable by any person certified to perform CPR or First Aid, and/or any licensed EMT, nurse, doctor, or the staff of any licensed hospital or medical facility. I certify that the medical information provided above is accurate and complete and I acknowledge that such medical information may be disclosed to parties providing medical treatment.

I acknowledge that weather, equipment failure, or other unforeseen circumstances may interrupt or require the modification or cancellation of an event. I agree that staff may cancel any portion or all of the event at their sole discretion and I may be required to provide early or late transportation to the Participant.

I certify that I have read and understand the foregoing. I acknowledge that CCCYR and CCC are granting the Participant the opportunity to participate in reliance on the information provided and in consideration of the agreements contained herein.

Parent or Guardian Signature

Date

\_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_

Printed Name: \_\_\_\_\_