

Minneapolis Sailing Center
Medical Treatment and Liability Waiver



Group or Event Name _____ Date _____

Student Name _____ Age _____

Contact Email (for parent/guardian if under 18) _____

Emergency Contact Name _____ Phone Number _____

Pronoun _____ Race/Ethnicity _____

Authorization for emergency medical treatment:

I authorize Minneapolis Sailing Center staff to obtain emergency medical treatment for my child or myself, if no family, relative, or friend is immediately available to make such arrangements at the time of the emergency.

Consent/Release

In consideration of Minneapolis Sailing Center, ("MSC"), allowing me or my child to participate in classes and events sponsored in whole or in part by MSC, I understand and agree that participation of myself or my child in any or all of MSC classes and activities is at my own discretion. I recognize that as participants, my child or I incur risks attendant to sail and water-related activities. I fully agree to assume those risks and fully agree to waive any and all claims, charges, losses and liabilities including those caused by negligence against MSC and the Minneapolis Park and Recreation Board (MPRB), its officers, directors, members, employees, administrators and instructors; and against any and all volunteers assisting MSC, which may arise from, or be in any way connected with classes or activities of MSC on and off the water wherever so located. I understand that I am responsible for my or my child's safety and actions at all times both on the water and on property belonging to MSC, MPRB, or used by MSC. I agree to be bound by all rules of MSC. Also, I permit MSC to use photos of me or my child in their print and online publications, without compensation.

Name (print) _____

Signature _____ Date _____