

SAIL TO PREVAIL, INC.

PO Box 1264 Newport, RI 02840

Medical Release and Medication Authorization Form

To whom it may concern:

I, _____ hereby authorize Sail To Prevail and its designated staff to authorize emergency medical treatment in the event that I or my designee as listed on this form are unable to do so.

Pertinent Medical History:

Immunization Status:

Last Tetnus/Diphtheria booster date:

My child takes the following medications:

_____ Does not take medications

List medications (detail related to dose indications and possible side effects can be described using page 3 of this form)

My child has the following allergies:

_____ Does not have allergies

List allergies:

Insurance Carrier: _____

ID Number: _____

Date _____

Signed _____

Witness _____

Emergency Contact: _____

Telephone number: _____

Telephone number: _____

SAIL TO PREVAIL, INC.

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Waiver of Liability and Assumption of Risk

(Please note: This is a legal document. You are urged to read it carefully.)

Check one: _____ Staff _____ Participant

Program: _____ Kids Camp _____ Teen Camp _____ Disabled Sailing

I, the undersigned, seek to participate in the 20____ Kids Camp, Teen Camp or Disabled Sailing Program ("Program") conducted by Sail To Prevail, Inc., a Rhode Island not-for-profit corporation.

I have been informed and am fully aware of:

1. the specific risks associated with participation in the Program;
2. that in route to or from , at, or in the vicinity of the Program facilities, I may be exposed to risk of personal injury, including loss of life or limb, or I may suffer property damage or loss;
3. that Sail To Prevail, Inc. gives no assurance or warranties whatsoever as to the safety of persons participating in the Program;
4. that the term Sail To Prevail, Inc. as used in this instrument, shall mean that Sail To Prevail, Inc. and its Directors, Officers, Employees, Agents, Contractors, Independent Lessees, Licensees, and their respective legal representatives, heirs, executors, administrators, successors and assigns, and any one or more of such persons or entities.

In consideration of Sail To Prevail, Inc. extending me the privilege of participating in the Program, I fully assume all risks in connection with my participation in the Program and in particular, without limitation.

1. To the extent permitted by law, I and my heirs, representative, executors or administrators and my undersigned parent or guardian (if any) remise, release, indemnify, acquit and hold harmless and forever discharge Sail To Prevail, Inc. from any and all liabilities, obligations, damages, penalties, claims, actions, causes of action, demand, judgments, executions, costs, charges, loss of services, expenses, compensation, and any and all other claims whatsoever, both at law and in equity, including, without limitation, attorneys fees, which I may have or may be incurred by, or asserted against me by reason of any occurrences during the period of my travel to and from the Program, or during my participation therein, whether resulting from acts or omissions of any persons, from the operation or condition of facilities or premises, or from acts of God or nature.
2. I agree that this instrument shall be governed by and construed in accordance with the law of the State of Rhode Island, and shall be binding upon my legal representatives, heirs, executors, administrators, successors and assigns.
3. I understand and agree that Sail To Prevail, Inc. has reserved the right to, and at any time in its sole discretion, cancel the Program or revoke any permission granted to me to participate in it.
4. I hereby acknowledge that I have been provided an opportunity to read this document, that I am fully aware of its legal effect, that I am executing it of my own free will and for my benefit in order to gain permission to participate in the Program and that, in doing so, I have not been subjected to any form of coercion or duress by any member of Sail To Prevail, Inc.
5. I grant to Sail To Prevail, Inc. full permission to video, film, photograph and tape my participation in the Program, including any activity sponsored by Sail To Prevail, Inc. And further grant Sail To Prevail, Inc. permission to use said video, film, photograph and tape in any educational, documentary, public relations or fund raising activity including, but not limited to, release for any media account of the Program.

EXECUTED on this _____ day of _____, 20____

(PRINT) Applicant Name _____

Address _____ City _____ State _____ Zip code _____

Signature _____ Phone _____

(If a minor, signature of parent or guardian)

SAIL TO PREVAIL, INC. CONFIDENCE IS COOL SUMMER CAMP

MEDICATION AUTHORIZATION

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Student Name: _____

Address: _____

Age: _____ Phone number: _____

Prescribing Physician:

Name Telephone

Medication (s): _____

Dose: _____ Time: _____ Frequency: _____

Describe Indications/Diagnosis: _____

Possible side effects: _____

Anything else we should know? _____

Can the child self-carry and self-administer this medication? ___ Y ___ N

I understand that Sail To Prevail employs a licensed and registered nurse who will supervise and/or administer medication to my child. The information provided on this form is accurate and complete to the best of my knowledge.

Signature of Parent Date