

Sailing School Sailing and Activities waiver

I, _____, parent of ______,

	[cross out if over 18]
give permission to the organizers of activities participant named above when or if necessary, participant named above to the hospital and gi accordance with the hospital's diagnosis. I und treatment needed. I am aware that the SMYC JI, the parent/guardian, am responsible for med	In an emergone the permission of the permission of the permission of the provides liable the provides liable the provides liable the provides liable the permission of the per	gency situation I authorize the organizers on for any treatment required to be carried I shall be notified as soon as possible about the particular of the p	to take the lout in out any medical
Upon entry in any activity organized by the Si inescapable responsibility for the management Yacht Club staff, volunteers, instructors, and a personal injury, or death which may occur, eit responsibility for assigned or own equipment a caused to a boat due to negligence of the entra	t and safety on assistant instanced be and shall be	of his/her boat and person and that neither ructors bear any responsibility for any los refore, during or after the activity. The en	r Sint Maarten ss, damage, trant accepts full
The SMYC may take photos of the person name and social media, and for use in local promotion		allow the SMYC to publish these on the	SMYC website
I hereby confirm to have read and agree with t	he above.		
Signature		Date:	
ICE Phone Number and name			