



SEAFORD YACHT CLUB, INC.

Junior Sailing Program Liability Release

KNOW ALL PERSONS BY THESE PRESENTS:

THAT, I (Print Name) _____, am the parent or guardian of
(Print Child's Name) _____ (the "Participant") who has made an application for
participation in the Junior Sailing Program of the Seaford Yacht Club, Inc., a Virginia corporation, in participation with the
York County Sailing Team (YCST), a Virginia corporation.

In consideration of the acceptance of the Participant in the Junior Sailing Program, I hereby release and forever discharge
the Seaford Yacht Club, Inc. and YCST, their officers, directors, agents, servants and employees, members, guests,
successors and assigns, from any and all causes of action, claims, suits, and demands for damages (including property
damage, personal injury or death), in law or equity, by reason of the Participant in the Junior Sailing Program or in the use
by the Participant of any property of the Seaford Yacht Club, Inc. or YCST.

I do further agree to indemnify and save harmless the Seaford Yacht Club, Inc. and YCST from any claims, losses or
damages sustained as a result of the Program activities of the Participant. Further, I agree to indemnify and save harmless
the Seaford Yacht Club, Inc. and YCST for any expenses, including costs and reasonable attorneys' fees, arising out of any
loss or claim for damages sustained or caused by the Participant.

I acknowledge that participation in the activities of the Junior Sailing Program is inherently dangerous, and I assume the
risk of any injury, damage or loss that the Participant may incur in such activities.

Date: _____

PARENT/GUARDIAN (Signature) _____

(Printed Name) _____

Please return completed form to:

Seaford Yacht Club, Inc.
Attn.: Junior Sailing Program, C/O Lynn Kelly
P.O. Box 1885
Yorktown, VA 23692

or email to: juniorsailing@seafordyachtclub.com





SEAFORD YACHT CLUB, INC.
Junior Sailing Program
Medical Release

Authorization for Emergency Medical Treatment

Let it be known that I, _____ a legal resident of _____
now residing at _____
am the lawful parent/guardian and have full custody of _____.

That I have made, constituted, and appointed, and by these presents do make, constitute and appoint officers, directors, agents, servants and employees of The Seaford Yacht Club, Inc. to act for me and in my name place, and stead to perform any and all acts hereinafter set down, as fully to all intents and purposes as I might or could if personally present, with full power of substitution and revocation hereby ratifying and confirming all the sail personnel shall do or cause to be done by virtue of this power, to wit:

I AUTHORIZE ANY AND ALL MEDICAL AND HOSPITAL CARE AND TREATMENT, INCLUDING MAJOR SURGERY, DEEMED NECESSARY BY A DULY LICENSED PHYSICIAN OR DULY LICENSED STAFF PHYSICIAN AT ANY MEDICAL FACILITY WHICH IS NECESSARY FOR THE HEALTH AND WELL-BEING OF MY CHILD NAMED HEREIN.

The term of this appointment is effective for the period(s) indicated below:

- | | |
|---|---------------------------------|
| June 24, 2024 through June 28, 2024 | July 22 through 26, 2024 |
| July 1 through July 3, and July 5, 2024 | July 29 through August 2, 2024 |
| July 8 through July 12, 2024 | August 5 through August 9, 2024 |
| July 15 through July 19, 2024 | |

_____ (Signature of Parent/Guardian) Date: _____

Child's medical information or history (such as allergies, medicines, etc.)

Child's medical doctor: _____ Doctor's phone number: _____

Doctor's address _____

IN CASE YOU CANNOT BE REACHED, PLEASE PROVIDE A BACK-UP NAME AND PHONE NUMBER TO BE USED IN CASE OF AN EMERGENCY:

Name _____ Phone Number _____

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