



LUNENBURG YACHT CLUB SAIL ABLE PROGRAM

734 Herman's Island Rd.
902-634-3745



Medical Information and Disclaimer

This information is confidential and collected only to ensure the safety of the participant and Lunenburg Yacht Club their Sail Able Program volunteers and staff. Medical information will only be used and shared with medical personnel in the event of a medical emergency.

Last Name: _____ First Name: _____

(If participant is not age of majority, please complete guardian fields below)

Age: _____ Weight: _____

Parent/Legal Guardian: _____ Relationship: _____

Address: _____

Guardian Telephone: Home: _____ Cell: _____ Office: _____

Emergency Contact Name: _____ Phone: _____

Doctors Name: _____ Phone: _____

Current Medications: _____

Allergies: _____

Physical Limitations or barriers to participation: (fear of water, motion sickness, etc.) _____

Mobility or transfer considerations: (paralysis, low muscle tone, hyper-sensitivity, etc.) _____

Communication and/or cognitive barriers: _____

Other pertinent medical conditions: (sensitivity to sun, exposure, etc.) _____

Comments: _____

Participant Risk Acknowledgement, Release, Waiver of Claim and Assumption of Risk

In consideration of permission granted to participate in the Lunenburg Yacht Club Sail Able Program (Sail Able), I agree and acknowledge that:

1. I will abide by the rules imposed on the participants in the Program, and the instruction given or decisions made by Lunenburg Yacht Club (LYC) and Sail Able volunteers and staff members.
2. I freely and voluntarily assume any risk and hazards inherent in the nature of the program and accordingly my participation in the program shall be entirely at my own risk.
3. I waive any claim I have against LYC Sail Able, its executive or its members, arising from my participation in the program and agree to indemnify and save harmless Sail Able, including any claim for medical services arising from my participation in the program.
4. LYC Sail Able may secure any medical advice and services as Sail Able volunteers and staff, in his/her sole discretion may deem necessary for my health and safety and I shall be financially responsible for the cost of such advice and services.
5. This RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK is binding upon myself, my executors, my guardians, administrators, personal representatives and assigns.

Dated at _____, Nova Scotia this _____ day of _____, 20_____.

Sign box. _____