

Parent's Medical Authorization & Consent – Indemnity Agreement

I hereby register the child named below in the Marsh Creek Watersports/CB Enterprises Sailing Camp. I hereby release Marsh Creek Watersports/CB Enterprises, its Directors, Employees and Instructors, from any and all liability for any damages or injuries sustained by the child in my custody for whom I sign while participating on the premises of the Marsh Creek Watersports/CB Enterprises Sailing Camp or while using its facilities or equipment at any place. I further agree to indemnify Marsh Creek Watersports/CB Enterprises against any and all liability arising from any claim made by any person whose name appears below, including myself, arising from any damages or injuries sustained while in the Marsh Creek Watersports/CB Enterprises Sailing Camp or while on the premises of the Marsh Creek Watersports/CB Enterprises or while using its facilities or equipment at any place. The consideration for the granting of this release and undertaking to indemnify Marsh Creek Watersports/CB Enterprises is the undertaking of Marsh Creek Watersports/CB Enterprises to permit my child whose name appears below, and myself to enter upon the premises of the Marsh Creek Watersports/CB Enterprises Sailing Camp or while using its facilities or equipment at any place and or receive instruction in sailing. I also agree that my child will wear a Coast Guard Approved Life Jacket at all times while on or in the water.

Authorization and Consent:

I, the undersigned parent or guardian of _____, a minor, do hereby consent to any emergency medical care or hospital treatment which is deemed advisable by and is rendered under the general supervision of any physician and surgeon licensed under the provision of the Medical Practice Act.

It is understood that this authorization is given in advance of any treatment or hospital care being required, but is given to provide authority and power to give the specific consent to any and all such treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable, and neither said agent or any organization involved assumes any financial responsibility for exercising this action. The authorization and consent will be used only if the parent or guardian cannot be reached.

Child in my custody for whom I sign:

Child Name: _____ Age: _____

Parent /Guardian Name: _____

Signature: _____ Date: _____

Photo Release:

I give my permission and consent to allow photographs to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by Marsh Creek Watersports/CB Enterprises Sailing Camp and its agents, to illustrate and promote the camp experience, Marsh Creek Watersports/CB Enterprises Sailing Camp and its camp programs.

Signed (parent or guardian): _____