



LAST NAME

**Corinthian Yacht Club of Cape May
P.O. Box 260
Cape May, New Jersey 08204**

RELEASE AND COVENANT

I, _____, who is applying for admission to the sailing instructional program of the Corinthian Yacht Club of Cape May, assume all risks and hazards associated with my participation in these activities, and do hereby RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS the Corinthian Yacht Club of Cape May, its officers, directors, agents and employees, any person or organization who provides facilities, the officials, employees and volunteer helpers, including but not limited to the instructors, their assistants, organizers and volunteer helpers, and persons transporting, from all liability by reason of any injury to any person or any damage to any property in connection with activities in which I may participate.

DATE: _____  _____
SIGNATURE OF PARTICIPANT

CONSENT FOR MEDICAL TREATMENT

I, the undersigned participant, do hereby give my permission for emergency medical care by any licensed physician or dentist. The medical care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the applicant.

INSURANCE

All participants are **strongly** encouraged to be covered by a personal or family medical plan including hospitalization, before they participate in this program.

I certify that I am covered by such a plan.

Carrier _____

ID # _____ group # _____

I am not covered by such a plan. I personally assume any and all liability.

SAILOR'S NAME: _____ DATE OF BIRTH: _____ GENDER: Male Female

LOCAL ADDRESS: _____

LOCAL HOME PHONE: _____ WORK: _____ CELL: _____

WHO SHOULD WE CONTACT LOCALLY IN AN EMERGENCY?

EMERGENCY CONTACT #1: _____ RELATIONSHIP TO SAILOR: _____

HOME#: _____ WORK#: _____ CELL#: _____

EMERGENCY CONTACT #2 _____ RELATIONSHIP TO SAILOR _____

HOME# _____ WORK# _____ CELL# _____

PLEASE LIST ANY MEDICAL CONDITIONS OR ALLERGIES PARTICIPANT HAS:

DATE: _____  _____
SIGNATURE OF PARTICIPANT

CONSENT FOR PHOTOGRAGHS TO BE DISPLAYED

I, the undersigned participant, do hereby give my permission to be photographed while participating in the CYCCM Sailing Program and any related activities with the understanding that these photos may be displayed and/or published for public viewing.

DATE: _____  _____
SIGNATURE OF PARTICIPANT