
**2009 Lightning Junior North
American Championships
COMPETITOR'S AGREEMENT**

Competitor's Agreement: By registering for the Lightning Junior North American Championship, I agree to comply with the restriction on drinking and the use of illegal drugs, and, if I am receiving free housing from an ILCA Central New York District member or a member of the Sodus Bay Yacht Club, with the 10:30 pm curfew for the entire event. I also agree to share in the responsibility for making the events run smoothly both on- and off-the-water. In particular, I will respect that others are also taking this championship seriously, I will respect property that is not mine, I will respect the efforts of the event hosts, and I will respect and show appreciation for the generosity of my housing hosts.

_____/_____/_____
Print competitor's name clearly Competitor's Signature Date

Competitor's Parent(s) Agreement: I/We have read the competitor's agreement above and the restriction on the use of alcohol and illegal drugs during the Lightning Junior North American Championship event. I/We fully understand that offenders of the restriction will immediately be removed from the racing and where practical, sent home. I/We understand that I/We are responsible for the behavior of my/our child and liable for any damage to property, including boats, caused by him/her, and damage to the Sodus Bay Yacht Club and Sodus Bay Junior Sailing Association property.

_____/_____/_____
Parents Name Parent's Signature Date

Mail this form no ***later than July 27, 2009*** to:
Executive Secretary
ILCA
7625 S. Yampa St.
Centennial, CO 80016

Medical Consent Form

Each participant must complete and sign a copy of this form. Please fill it out completely. Incomplete forms will not be accepted. **Mail this form postmarked no later than July 27, 2009.**

NAME OF PARTICIPANT: _____

NAME OF PARENT OR GUARDIAN: _____

In the event of accident or injury to myself, my spouse or any child of mine (specifically including my child if named above as the "Participant") or in the event of illness of myself, my spouse or any child of mine while in, on or about the premises of the Sodus Bay Yacht Club or while participating in any activity sponsored by or under the auspices of the Sodus Bay Yacht Club and the International Lightning Class Association; under circumstances where I am physically unable to consent or am not present:

1. I hereby voluntarily consent to the furnishing to myself, my spouse or any of my said children of such medical care, attention and treatment by any hospital, physician or physicians as such hospital, physician or physicians may deem necessary or advisable.
2. I authorize any officer or member of the Sodus Bay Yacht Club, or the International Lighting Class Association; to consent to such medical care, attention or treatment.
3. I agree to pay all costs of such medical care, attention or treatment and to hold free and harmless of and from any and all liability for such cost the Sodus Bay Yacht Club and the International Lighting Class Association and the officers and members of each.

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed by the State of New York or of any hospital holding a current operating certificate issued by the State Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Parent/Guardian Signature: _____ Date: _____

IN CASE OF EMERGENCY CALL:

Name	Relationship	Phone Number

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

Name	Phone Number	Date of Last Exam

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER

MEDICAL AND EMERGENCY INFORMATION

Competitor's name: _____ Male: _____ or Female _____

Address: _____

City/State/Zip: _____

Telephone: _____ (Home) _____ (Emergency cell) _____

Date of Birth: _____

THE PARTICIPANT AND/OR HIS/HER PARENT(S) MUST RESPOND TO THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE:

Please check those that apply: (Provide necessary details below)

CHRONIC AILMENTS	ALLERGIES
ASTHMA OR OTHER RESPIRATORY PROBLEMS	MEDICATION (please list below)
DIABETES OR HYPOGLYCEMIA	LATEX
HEMOPHILIA OR OTHER BLEEDING PROBLEMS	BEESTINGS/INSECT BITES
CIRCULATORY OR HEART PROBLEMS	IF YES, DO YOU CARRY AN EPIPEN?
EPILEPSY/SEIZURE	FOODS
OTHER	OTHER

DATE OF LAST TETANUS/ DIPHTHERIA/ TOXOID SHOT: _____

CURRENT MEDICATIONS AND DOSAGE IF ANY: _____

DETAILS: _____

PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION

**If any of the above mentioned information changes before or during the event,
please submit in writing all pertinent information to the regatta chairperson.**

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 Executive Secretary
 ICLA
 7625 S. Yampa St.
 Centennial, CO 80016

RELEASE OF LIABILITY

In consideration of the undersigned's participation in the Lightning Junior North American Championship ("the Regatta") sponsored by the International Lightning Class Association, and event commercial sponsors (collectively, the "Sponsors") and hosted by the Sodus Bay Yacht Club (the "Host") on 4 to 7 August 2009, the undersigned participant ("Participant"), and if such Participant is a minor, the Participant's parent or legal guardian by countersigning below, on behalf of themselves and their respective heirs, executors, administrators, personal representatives and next of kin (collectively with Participant, "Releasors"), hereby forever waive, release and discharge each of the Sponsors, the Host and their respective parents, subsidiaries, affiliates, owners, members, managers, employees, officers, directors, agents, representatives, successors and assigns (each a "Released Party") from any and all claims, demands, damages, judgments, executions, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, which a Releasor may have, or claim to have, against any Released Party resulting from death, personal injury, property damage or other loss Releasor may sustain as a result of participating in the Regatta or other activities related thereto.

THIS RELEASE IS INTENDED TO DISCHARGE EACH RELEASED PARTY FROM ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH RELEASOR'S PARTICIPATION IN THE REGATTA EVEN IF THAT LIABILITY ARISES OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF ANY RELEASED PARTY.

Releasors hereby acknowledge that serious accidents occasionally occur during sailing activities and that mortal or serious personal injuries and/or property damage or other loss may result from participation in the Regatta. Releasors knowingly assume all risks of participation in the Regatta, including all risk of personal injury and loss of or damage to the Releasors or their property, including further injury sustained as the result of the efforts of third parties who come to the aid of Releasor(s) if injured as a result of participation in the Regatta, and release all other persons and entities mentioned above who might otherwise be liable to Releasors. Releasors agree to abide by all rules of the Sponsors and the Host in connection with participation in the Regatta and understand that the failure to observe and obey such rules may result in instant revocation of Releasor's(s') right to participate in the Regatta.

Signature of Regatta Participant: _____

Print Name: _____ Date: _____

PARENT OR GUARDIANS FOR MINORS (UNDER 18 YEARS OF AGE)

The undersigned parent and/or natural or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to release each and all of the Released Parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said Party(ies) because of any defect in or lack of such capacity to so act and release said Party(ies) on behalf of all Releasors as specified herein.

Signature of Parent/Legal Guardian: _____

Print Name: _____ Date: _____

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Executive Secretary

ILCA

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Centennial, CO 80016

