



# CBYC Sailing School 2024 Medical Information Form and Waiver – Adult (v 2.0)

*This information is collected for sailing school purposes only. It will not be divulged to any third party except to a medical professional in the event of an emergency.*

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Ontario health card: \_\_\_\_\_ Family doctor: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone number (daytime): \_\_\_\_-\_\_\_\_-\_\_\_\_

Do you suffer from any of the following?

- |  |   |
|--|---|
| <input type="checkbox"/> Seizures or convulsions | <input type="checkbox"/> Blackouts or fainting spells   |
| <input type="checkbox"/> Heart problems          | <input type="checkbox"/> Asthma or respiratory problems |
| <input type="checkbox"/> Food, insect allergies  | <input type="checkbox"/> Other medical issues           |

Is the student allergic to any medication?  Yes  No

Is the student taking any medication?  Yes  No

Provide details, if applicable: \_\_\_\_\_

Are your vaccinations up to date?  Yes  No

Indicate any activity restrictions: \_\_\_\_\_

## Waiver of Liability

I, \_\_\_\_\_ (print full name) (“the participant”) hereby agree to indemnify and hold the “Collins Bay Yacht Club Sailing School” and “Collins Bay Yacht Club” and “Collins Bay Marina” harmless from and against any and all claims for personal injury to the participant or any other persons, or damage to any persons property, caused in connection with the participants use, operation or possession of any watercraft or participation in any activities within the Sailing School program.

The participant hereby waives any right to commence any action or proceeding against the “Collins Bay Yacht Club Sailing School” or “Collins Bay Yacht Club” or “Collins Bay Marina”, their agents, employees, or representatives, for any action, cause of action or claim in any way arising in any way including negligence on behalf of the “Collins Bay Yacht Club Sailing School” or “Collins Bay Yacht Club” or “Collins Bay Marina”, from the participant’s use, operation or possession of any watercraft or participation in the Sailing School activities.

Sailing, like all water activities, involves a level of risk, including but not limited to serious injuries from being struck by a part of the boat, or drowning. I agree to participate in sail training knowing there are physical risks and hazards inherent in the on-water and shore-based activities organized by Collins Bay Yacht Club Sailing School. By voluntarily participating in these activities, I acknowledge that I am exposing myself to inherent risks and hazards, and I agree to accept all risks and hazards and be responsible for any injury or other loss which may occur during my participation in all activities.

I authorize staff of the Collins Bay Yacht Club Sailing School to take me for medical attention if I become sick or injured while at the sailing school and am unable to look after myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness name: \_\_\_\_\_ Signature: \_\_\_\_\_