



## Treasure Island Sailing Center Adult Medical and Liability Release Form

This form must be turned in with the class registration form before the class start date to guarantee your reservation.

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to TISC: (check all that apply)

☐ tenant ☐ student ☐ volunteer ☐ competitor: event name \_\_\_\_\_ ☐ Other: \_\_\_\_\_

### MEDICAL/EMERGENCY INFORMATION

Should you be in need of medical treatment, do you give permission for this to be done in the event you can not make physically make a decision? ☐ Yes ☐ No

In case of an emergency, please notify:

Name: \_\_\_\_\_

Home/Office Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Home/Office Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Plan Name: \_\_\_\_\_ Medical Number: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Allergies (food or medication), or special instructions: \_\_\_\_\_

Accommodations or assistive devices needed: \_\_\_\_\_

Will a personal attendant accompany you? ☐ YES ☐ NO

### LIABILITY RELEASE:

For and in consideration of the acceptance by the Treasure Island Sailing Center (TISC) of my participation at TISC or TISC sponsored off-site events, I hereby accept all of the risks and responsibilities of participating in any offered program and waive any and all claims I may have against the TISC Sailing Program, the Treasure Island Sailing Center, and the Treasure Island Sailing Center Foundation, its members, officers, directors, committees, agents, sanctioned volunteers and/or employees arising out of or in any way connected with such participation. I agree to abide by the rules of the Sailing Program and the House Rules of the TI Sailing Center. I understand that if I choose to use TISC during a set practice, class, program, race, or under my own planning, I am doing so at my own choice and own risk.

Name (printed) \_\_\_\_\_

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