



# Treasure Island Sailing Center 2012 Adult Medical and Liability Release Form

## PERSONAL INFORMATION

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender  Male  Female

Check ONLY if you do NOT want to be photographed      Have you ever sailed with TISC before? \_\_\_\_\_

*The federal government requires that an organization maintain records on the race, sex, and ethnic group of its applicants. The information is for record keeping purposes and to support our funding and grant requirements. This information is optional.*

Asian or Pacific Islander  African American  Hispanic  Native American  Caucasian  Other: \_\_\_\_\_

Number of people in household? \_\_\_\_\_ Household Income: Please check one box below

Under \$25,000     \$25,000-\$45,000     \$45,000-\$65,000     \$65,000-\$85,000     Over \$85,000

## MEDICAL/EMERGENCY INFORMATION

### In case of an emergency, please notify

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

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

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

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

### Medical/Emergency Information

Doctor Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Medical Plan Name: \_\_\_\_\_ Medical #: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_ Do you have a personal attendant?  YES  NO

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

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

### Medical Treatment Release

Should I be in need of medical treatment, my signature below confirms my permission for this to be done in the event that I cannot physically make the decision

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

## 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:** \_\_\_\_\_