



Darien Junior Sailing Team

PARTICIPATION AGREEMENT

Program: Darien Junior Sailing Team

Location: Weed Beach

The Darien Junior Sailing Program takes place on or about Long Island Sound in conditions quite different from the controlled environments and predictability of buildings and recreation fields. Nature and weather occur on their own schedule, sometimes unexpectedly, often beyond the control of people to change them.

It is necessary and appropriate on or about Long Island Sound for each of us to be responsible for taking care of ourselves instead of expecting to be taken care of. We must be aware at all times of where we are, the natural conditions around us, and what changes the weather might bring. There exists a need to accept natural features and occurrences—its reality, its beauty, and its challenges on THEIR terms—as participants with us in the sailing environment.

With this understanding, the undersigned accepts participation in the Darien Junior Sailing Team and agrees as follows:

1. I acknowledge that the Darien Junior Sailing Team requires strenuous physical activity and endurance.
2. I fully understand that summer temperatures, winds, occasional storms and the behavior of other boaters on Long Island Sound can be a factor in the sailing experience. I further realize that there are elements of physical risk, such as sunburn, windburn, scrapes, bruises, cuts and the like that can occur during the ordinary course of sailing.
3. I understand that there are many unpredictable changing conditions potentially affecting the Long Island Sound sailing environment and experience, such as: intense heat, intense wind, cold water, jelly fish, poison ivy, wildlife behavior and other natural occurrences.
4. I certify that, to the best of my knowledge, I have no physical, mental, or emotional condition which might be aggravated by this activity, or which might in any way inconvenience or endanger staff or other participants, or which might impair my ability to participate in and withstand all possible sailing and sailing related activities.
5. I will obey all rules, regulations and directives of the Darien Junior Sailing Team, the Town of Darien, and of the persons in charge of the aforementioned agencies during the program hours as defined in the organization's publications and/or web site, including the usual operating hours of the program, regattas, meetings, or any social activities associated with the Darien Junior Sailing Team Program. Additionally, I will assist by informing and/or calling to the attention of the person(s) in charge any situation that might result in injury.

WAIVER OF LIABILITY

Thus acknowledging the rigors of all activities connected with the Darien Junior Sailing Team, the unpredictability and the powers of natural and weather events and the unpredictability of fellow boaters on Long Island Sound, and in consideration for being accepted as a participant in the Darien Junior Sailing Team, I hereby accept all responsibility for taking care of myself and for any damage to myself while participating in the above designated program. I agree, therefore, that the Darien Junior Sailing Team, their agents and employees, will not be liable for any damages or injuries directly or approximately caused by any act, happening or event.

Signature of Participant: _____ Date: _____

I (we) the parent(s) of or legal guardian(s) for _____ hereby consent to her/his participation in the above-designated program and sign this Participation Agreement on behalf of said minor.

Parent/Guardian: _____ Date: _____

READ, SIGN AND DATE BOTH SIDES AND RETURN TO DJST, PO Box 45, DARIEN, CT 06820



Darien Junior Sailing Team

MEDICAL AND EMERGENCY INFORMATION

Sailor's Name: (Last) _____ (First) _____ (MI.) _____

Address: _____ (DOB) _____ (M) _____ (F) _____

Parent Name (1) _____ Phone: (H) _____ (C) _____ (W) _____

Parent Name (2) _____ Phone: (H) _____ (C) _____ (W) _____

Physical Disabilities: (Specify eyeglasses, contacts, hearing aids, etc.) _____

Date of last tetanus shot: _____ Blood type: _____

List prescription medications: _____

Chronic ailments:

Asthma/other respiratory conditions _____

Circulatory or heart conditions _____

Diabetes or hypoglycemia _____

Epilepsy _____

Hemophilia _____

Allergies:

Insect Bites _____

Bee stings _____

Foods (specify) _____

Other (specifics) _____

Other medical conditions not listed above: _____

Physician who conducted the most recent physical examination: _____

Phone #: _____ Date of last exam: _____

Preferred Physician: _____ Phone #: _____

Health Insurance Company: _____ Policy #: _____

Policy Holder's Name: _____ Company Name: _____

If parent cannot be reached in an emergency, the following can be called, in order of preference:

Name	Relationship	Primary Phone	Alternate Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

PARENT/GUARDIAN EMERGENCY TREATMENT AUTHORIZATION AND WAIVER

I, _____ (Parent/Guardian) authorize the program organizers or their employees to sanction emergency treatment if none of the above (1,2, or 3) can be contacted at the time of emergency. I also agree, as a condition precedent to my participation in the Darien Junior Sailing Team (DJST) (including without limitation all activities relating thereto), release, hold harmless and promise not to sue DJST, or its directors, officers, members, guests, or employees of the program, understand that I assume any and all risks associated with such participation and waive any and all claims for damages (whether for personal or otherwise) arising from my use of any of the boats, equipment or property owned by DJST, the Town of Darien, or other parties utilized in DJST against DJST, its directors, officers, members and employees of the program, with respect to any and all such loss, injury, or damage, or other loss whether to property or otherwise, from any cause; except that injury or loss which results from the gross negligence or willful or wanton misconduct of one of those individuals or organizations. **I further agree that I am responsible for any damages to any such boat or its equipment or property to the extent that such is not covered by insurance.**

Signature: _____ Date: _____