



Buffalo Yacht Club UB Sailing Program



Buffalo Yacht Club · 1 Porter Avenue · Buffalo, NY 14201 · 716-883-5900 · Fax 716-883-7806

Consent, Release and Indemnity Agreement

I, _____, wish to participate in the Buffalo Yacht Club UB Sailing Program and in consideration of my being permitted to participate in said activities, I hereby release and discharge the Buffalo Yacht Club, its agents, officers, employees, sub-contractors, directors and members from any and all liability of any kind, whatsoever, for any personal injury, property damage, sickness, or medical or hospital expense occurring or resulting from or arising out of any activity or substitute activity directly or indirectly connected with the Buffalo Yacht Club's Sailing Program, and I hereby assume all risk of any liability for injury or damage to my person or property while engaged in such activities, however caused, and I further agree to indemnify and save harmless the Buffalo Yacht Club, its agents, employees, sub-contractors, officers, directors and members from any and all claim, suits and liability for injury to my property or my person while engaged in activities at or connected with the Buffalo Yacht Club Sailing Program.

Participant's Signature

Date

Full Name _____

Address _____

City, State, Zip _____

Phone (h) _____

Phone (c) _____

Email _____

Buffalo Yacht Club UB Sailing Health History Form

Name: _____ Date of Birth: _____

Address: Street _____

City _____ State/Zip _____

Telephone: _(____)_____

Emergency Information

Father: _____ Mother: _____

Telephone: Home _(____)_____ Telephone: Home _(____)_____

Work _(____)_____ Work _(____)_____

If Parents Can Not Be Reached

Name: _____ Relationship: _____

Address: Street _____

City _____ State/Zip _____

Telephone: Home _(____)_____

Work _(____)_____

Family Physician

Name: _____ Telephone: _____

Address: Street _____

City _____ State/Zip _____

Health Insurance

Medical Insurance Company: _____

Policy Number: _____ Group Number: _____

Do you presently have or have you ever had any of the following:

	YES	NO
Allergies	_____	_____
Convulsions	_____	_____
Diabetes	_____	_____
Heart Trouble	_____	_____
Fainting Spells	_____	_____
A condition requiring regular medical attention or medication	_____	_____
Impaired hearing	_____	_____
Impaired eyesight	_____	_____
Have you been hospitalized during the last 3 years?	_____	_____
Have you been examined or treated by a physician or health care provider during the last 3 years for any medical problem other than regular checkups?	_____	_____
Do you presently take any medication?	_____	_____

 If yes, please provide name and dosage of each medication:

* If you answered yes to any of the above health history questions, please provide additional information on a separate sheet, which should be securely fastened to this form.

Signature _____

Date _____

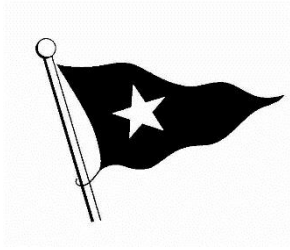
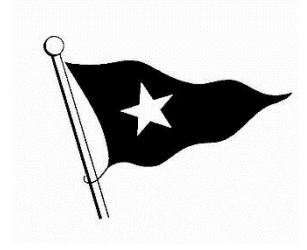


PHOTO RELEASE FORM



I hereby grant permission to the Buffalo Yacht Club (“BYC”) to use my image or likeness (still photograph, motion picture, or otherwise) in conjunction with its advertising materials or in other subsequent publications or websites without further consideration; and I acknowledge BYC’s right to crop, alter or treat such image or likeness at its reasonable discretion. I also acknowledge that BYC may choose not to use my image or likeness at this time, but may do so at its own discretion at a later date.

NAME: _____

DATE: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

SIGNATURE: _____