



TREASURE ISLAND SAILING CENTER
Launching Point for New Horizons

2007 Medical & Liability Release Form

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
EMAIL: _____

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 Phone # _____ Day Phone # _____

Secondary Contact _____

Home Phone # _____ Day Phone # _____

Doctor Name: _____ Phone # _____

Medical Plan Name: _____ Medical # _____

Last Tetanus Shot _____

Allergies (food or medication), or special instructions: _____

Liability Release:

For and in consideration of the acceptance by the Treasure Island Sailing Center (TISC) of my participation at TISC, 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 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.

Signature _____ Date: _____

Name (printed) _____
