

# QUASSAPAUG SAILING CENTER ADULT MEDICAL & LIABILITY FORM



qsc\_adult\_medical\_liability\_form.docx rev. 2 7/1/22

This form must be returned to QSC prior to attendance. Form can be sent to [adultlessons@qsailingcenter.org](mailto:adultlessons@qsailingcenter.org).

## Attendee Information

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

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

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

## Medical Information

*This information will be kept confidential among the Director and Staff on a need-to-know basis.*

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Chronic illness, medical condition, allergies, or medication being taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

## Medical Authorization

I hereby authorize an instructor from the Sailing Center to authorize emergency treatment for the Attendee named above.

## Notice

I hereby acknowledge and understand that the facilities and property of the Quassapaug Sailing Center are for the exclusive use of its sponsors. Students participating in the sailing classes provided QSC will be allowed use of its facilities and property ONLY during such time as the sailing class is being conducted and only in conjunction with participation in such classes.

## Waiver

I hereby further acknowledge and understand that sailing can be a dangerous activity and carries with it risk of injury to person or property. I participate in the sailing classes provided by the Center with full acknowledgement of all risks associated therewith and, I assume full responsibility for, and release the Center from, all liability with respect to all such risks.

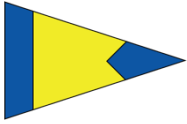
I hereby understand, consent to, and acknowledge the foregoing:

Attendee Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian Signature if Attendee is under 18)

Printed Name \_\_\_\_\_

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.



QUASSAPAUG SAILING CENTER  
ADULT EMERGENCY CONTACT FORM



qsc\_adult\_emergency\_contact\_form.docx rev. 3 7/1/22

This form must be returned to QSC prior to attendance. Form can be sent to [adultlessons@qsailingcenter.org](mailto:adultlessons@qsailingcenter.org).

**Attendee Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

**Emergency Contacts**

*Include all individuals to be contacted in case of emergency.*

**Emergency Contact 1** (required)

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Best Method of Contact During Lesson Hours:  Home Phone  Work Phone  Mobile Phone

Address \_\_\_\_\_

Relationship to Attendee:  Spouse/Partner  Parent  Child  Friend/Other: \_\_\_\_\_

**Emergency Contact 2** (required)

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Best Method of Contact During Lesson Hours:  Home Phone  Work Phone  Mobile Phone

Address \_\_\_\_\_

Relationship to Attendee:  Spouse/Partner  Parent  Child  Friend/Other: \_\_\_\_\_

**Emergency Contact 3** (optional)

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Best Method of Contact During Lesson Hours:  Home Phone  Work Phone  Mobile Phone

Address \_\_\_\_\_

Relationship to Attendee:  Spouse/Partner  Parent  Child  Friend/Other: \_\_\_\_\_

Attendee Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian Signature if Attendee is under 18)

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.