

LYSA Independent Junior Sailing Program

Please read the information below before signing up for independent sailing.

Due to concerns regarding coronavirus infection and possible shutdowns of Lake Yosemite by the Merced County Department of Health or other agencies, LYSA Junior Sail Camp will not offer sailing instruction this summer. However, we are offering independent junior sailing for those sailors who meet the following criteria:

- Between twelve and sixteen years of age.
- Past attendance for a minimum of two summers (at least one week per summer) at LYSA Junior Sail Camp.
- Ability, **as determined by adult volunteers of LYSA Junior Sail Camp**, to sail independently without undue risk to the junior sailor or others using Lake Yosemite and the facilities of LYSA.
- A signed and dated Hold Harmless Agreement, Medical Information form, and Emergency Treatment Authorization form submitted before the first sailing session.

LYSA Junior Sail Camp will revoke sailing privileges to any junior sailor who does not adhere to the standard regulations of LYSA Junior Sail Camp, as learned and practiced during previous sail camps.

There is no cost for LYSA Independent Junior Sailing Program. LYSA will provide life jackets. Sailors should bring their own water and sun protection. A minimum of one adult volunteer on a motor boat will be present to monitor sailors. If you wish to donate to a fund to pay for gasoline, please make your check payable to LYSA Junior Sail Camp.

We will not be available to supervise junior sailors before or after sailing. Please stay with your child until an adult volunteer arrives, and please pick up your child promptly at the end of the sailing session.

Please do not sign up for Independent Junior Sailing if you have any doubts about your child's ability to handle a sailboat independently and safely. While we do not want to deny sailing privileges to your child, we must maintain safety as our top priority.

Sibling and past junior sailing groups are permissible, but each member of a group must sign up separately. We may sometimes assign several sailors to one boat.

Sailors who sign up for the 3:00-4:30 session must rig boats. Those who sign up for the 4:30-6:00 session must take down and fold sails and secure the boats before leaving.

Please contact Brigitte at 209 617 0284 for further information

LYSA Independent Junior Sailing Program Liability & Hold Harmless Agreement 2020

CONSENT TO PARTICIPATE

Please read this Agreement and initial each provision in the space provided to indicate that you have read and fully understand it. Then sign and date this form. If you have any questions about this agreement, please make sure that you ask those questions and receive answers satisfactory to you before signing this agreement.

I, _____, am voluntarily enrolling my child, _____ to participate in the Lake Yosemite Sailing Association (LYSA) Independent Junior Sailing Program. I understand that there are certain risks associated with sailing, and that serious accidents may occur during sailing. I understand that participants in sailing occasionally sustain serious or mortal personal injuries and/or property damage. I am fully informed to my satisfaction about LYSA Independent Junior Sailing Program and the risks inherent in that program. The risks of injury associated with sailing have been explained and answered to my satisfaction. I knowingly and willingly choose to participate in the LYSA Independent Junior Sailing Program at this time. _____

ASSUMPTION OF RISK, RELEASE, AND HOLD HARMLESS AGREEMENT

As stated above, I am fully aware that participating in any LYSA Junior Sailing Program may involve risks of physical injury and/or property damage. I know and understand the scope, nature and extent of the risks involved in this activity. I voluntarily and freely choose to assume any and all risks and dangers on behalf of my child. _____

RELEASE OF LYSA AND EXEMPTION FROM LIABILITY

I hereby fully and forever discharge and release the Lake Yosemite Sailing Association, its officers, directors, employees, agents, representatives, volunteers, staff, students, members, successors or assigns (hereinafter collectively referred to as LYSA) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of any damages, both in law and equity, in any way resulting from personal, physical, emotional or property injuries, distress or death sustained during LYSA Independent Junior Sailing Program or any of its associated activities. Exemption from liability by this provision includes any and all loss, damage or injury resulting from intentional conduct or omission or negligence, gross or otherwise, by LYSA or from any other cause or causes. _____

PROMISE NOT TO SUE

As stated above, I agree not to institute, initiate, or assist the prosecution of any suit, claim or action, whether at law or equity or otherwise, against LYSA for damages which I or my heirs, executors, administrators or assigns hereafter may have arising from my child's participation in any LYSA Independent Junior Sailing Program or any of its associated activities. _____

INDEMNITY AGREEMENT

I agree to indemnify and hold harmless LYSA from any and all losses, claims, actions or proceeding of any kind which may be directed against or be initiated by me, my child and/or any other person or organization on behalf of myself or my child. This includes reimbursement of all legal costs and reasonable counsel fees incurred by LYSA or other indemnified parties as set forth in this Agreement for the defense of any such actions which may arise directly or indirectly from my child's participation in any LYSA Independent Junior Sailing Program. _____

RELEASE OF PUBLICITY PHOTOGRAPHS

I understand that LYSA may take photographs, either still or moving, of participants in LYSA Independent Junior Sailing Program. I hereby release any claim to such pictures.

GOVERNING LAW

I understand that this Agreement shall be construed and governed by the laws of the State of California, and that it cannot be modified unless in writing and signed by both parties. I hereby expressly recognize that this Agreement is a contract and that I have released any and all claims against LYSA as defined above and any other indemnified parties which might result from my child's participation in any LYSA Independent Junior Sailing Program, including all claims as set forth above. _____

I HAVE CAREFULLY READ THIS AGREEMENT AND ASKED ANY QUESTIONS I HAD, ALL OF WHICH WERE ANSWERED TO MY SATISFACTION. I UNDERSTAND THE CONTENTS OF THIS AGREEMENT. I CERTIFY THAT I AM EIGHTEEN YEARS OF AGE OR OLDER, AND THAT I SIGN THIS AGREEMENT ON BEHALF OF MY CHILD AND MYSELF OF MY OWN FREE WILL.

Date _____ Signature _____

Print name _____

(If appropriate:)

Signed on behalf of _____, who is under eighteen years of age at the time this agreement is signed.

LYSA MEDICAL Information 2020

Child's name

Last

First

Age & Date of Birth: _____

Physical handicaps

Specify missing or injured body parts, weaknesses, eyeglasses, contacts, hearing, etc.

Bones and joints:

Muscles:

Organs:

Weight:

Psychological Handicaps

Specify problem areas such as anxieties, fears, hyperactivity, and hypersensitivity.

Chronic Ailments

Asthma or other respiratory problems:

Circulatory or heart problems:

Diabetes or hypoglycemia:

Epilepsy:

Hemophilia or other bleeding problems:

Allergies:

Foods:

Other (if significant): _____

Current medication: _____

Date of last tetanus shot _____

Whom should we contact in case of an emergency?

Name _____ Phone _____

Physician

Name _____ Phone _____

Health Insurance

Name & Phone # of Insurer _____ Policy # _____

Swimming Ability _____

Please describe below anything else which you feel LYSA should know about your child's health while he/she participates in sail camp:

Note: Program organizers reserve the right to reasonably decide whether or not they will accept students or participants with certain medical, psychological, physical or behavioral disabilities which are disclosed either here or verbally. However, LYSA makes no medical judgments about any particular risk to a particular participant and LYSA's acceptance of this agreement does not invalidate the participants' waiver, consent or release.

Contact Information

Parents/ Guardians

| | | |
|---------|--------------|-------|
| 1 _____ | _____ | _____ |
| Name | Relationship | Phone |

| | | |
|---------|--------------|-------|
| 2 _____ | _____ | _____ |
| Name | Relationship | Phone |

Emergency Treatment Authorization

I, _____, (Parent/Guardian) authorize the program organizers or their employees to sanction emergency treatment if none of the above named can be contacted at the time of an emergency.

Parent

Date

If the above person is unavailable, please notify:

Name

Relationship

Address

Phone Number(s)