



TREASURE ISLAND SAILING CENTER  
*Launching Point for New Horizons*

## 2009 Medical & Liability Release Form

### Personal Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### Relationship to TISC (check all that apply)

\_\_\_\_\_ tenant      \_\_\_\_\_ student      \_\_\_\_\_ competitor (event name) \_\_\_\_\_  
\_\_\_\_\_ volunteer      \_\_\_\_\_ other (please describe) \_\_\_\_\_

### 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: \_\_\_\_\_

Accommodations or assistive devices needed: \_\_\_\_\_

Will a personal attendant accompany you?    YES                      NO

### Liability Release:

For and in consideration of the acceptance by the Treasure Island Sailing Center (TISC) of my participation at TISC or TISC sponsored off-site events, 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, sanctioned volunteers 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) \_\_\_\_\_

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