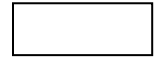




Treasure Island Sailing Center

2018 Adult Medical and Liability Release Form Form B



Personal Information

Name: _____ Program/Class _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Where did you hear about TISC? _____

Date of Birth: _____ Number of people in household: _____

Check ONLY if you do NOT want to be photographed Check ONLY if you do NOT want to be on TISC email list

Have you ever sailed with TISC before? Yes No If Yes, year participant started sailing with TISC _____

Swimming Ability: Non-swimmer Novice Intermediate Advanced

The federal government requires that an organization maintain records on the race, sex, and ethnic group of its applicants. The information is for record keeping purposes and to support our funding and grant requirements. This information is optional.

Ethnicity: Asian or Pacific Islander African American Hispanic Native American Caucasian Other: _____

Household Income: Under \$25,000 \$25,000-\$40,000 \$41,000-\$70,000 \$71,000-\$85,000 Over \$85,000

Highest Education Level: Some High School High School Graduate Some College College Graduate or Above

In case of an emergency, please notify

Primary Contact's

Full Name _____ Email: _____

Relationship: _____ Primary Phone: _____ Secondary Phone: _____

Secondary Contact's

Full Name: _____ Email: _____

Relationship: _____ Primary Phone: _____ Secondary Phone: _____

Medical/Emergency Information

Doctor's Name: _____ Doctor's Phone: _____

Medical Plan Name: _____ Medical Plan Number: _____

Last Tetanus Shot: _____ Does the participant have a personal attendant? Yes No

Allergies, accommodations or special instructions: _____

Medical Treatment and Liability Release

Should I be in need of medical treatment, my signature below confirms my permission for this to be done in the event that I cannot physically make the decision.

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.

Name (printed): _____ **Signature** _____ **Date:** _____