

2015-2016 SCYYRA Shadden Series #2

October 2, 2016 Marina del Rey, California USA

Parental Consent Form

Incomplete forms will not be accepted.

PARENTAL CONSENT FOR MEDICAL AND/OR DENTAL CARE OF A MINOR

I, am a parent, guardian or other person having legal custody of the following minor:

Competitor's Name

In consideration of said minor's participation in the 2016 SCYYRA Shadden Series #2 at California Yacht Club (CYC) and related activities, I hereby authorize CYC to consent to medical or dental care, or both, of said minor, including any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment or hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician or dentist. This authorization is given pursuant to California Family Code Section 6900 et. seq. and any similar or successor laws. I agree that this authorization shall remain in full force and effect for the duration of said minor's participation in the 2016 SCYYRA Shadden Series #2 and related activities and cannot be sooner revoked. I agree to assume financial responsibility for all expenses of such care.

Non-Liability of California Yacht Club

I agree that in no event will CYC, its affiliates, or the partners, owners, directors, officers, employees, agents and committee persons of any of them have any liability whatsoever arising in connection with any medical or dental care rendered pursuant to the above Authorization, regardless of any negligence by any party.

I certify that I am a parent, guardian or other person having legal custody of the named competitor.