

**Brendan Sailing Program 2019  
Camp Liability Waivers**



**Authorization & Consent of Parent or Legal Guardian**

I, \_\_\_\_\_ grant my authorization and consent for The Brendan Corporation, St. Mary's College of Maryland, program employees and volunteers (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor named above. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, medication, or other medical diagnosis, treatment or any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of her or his best judgement upon the advice of any such medical or emergency personnel.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Name Printed

Physician's Name	
Physician's Phone Number	
Insurance Provider/Policy Number	
My child has the following allergies	
My child takes these medications/dosage	

**Emergency Contacts**

Please give us the names/relationships of people other than parent who may be reachable and able to pick up your child in an emergency:

Name	Relationship	Phone Number

**Pick Up Authorization**

Please give us the names and relationship of people (other than parents) authorized to pick up your child from camp.

Name	Relationship	Phone Number

**Travel**

On days when weather does not permit us to sail, the staff may take the campers on a field trip. You specifically grant permission for such travel with a Designated Adult and at all times you will be made aware of your child whereabouts by email or text. (please select one).

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

Text: \_\_\_\_\_

Please indicate your approval here:

\_\_\_\_\_  
Parent or Guardian Initials      Date



**Publicity & Photos**

We promote Brendan Sailing via social media and occasionally with mainstream media coverage. Please indicate below your approval for use of your child’s image and/or name for these purposes.

\_\_\_ Name of child    \_\_\_ Photo or video of child    \_\_\_ Images on website

\_\_\_\_\_      \_\_\_\_\_  
Parent or Guardian Initials          Date

**Disclaimer and Hold Harmless**

I, \_\_\_\_\_, hereby agree to indemnify and hold harmless The Brendan Corporation, Annapolis Sailing School, St. Mary’s College of Maryland, program employees and volunteers, an all owners of property used in connection with the Brendan Sailing Program for any injury of any kind which may happen to my dependent, \_\_\_\_\_, and hereby waive, release and discharge all claims, demands and causes of action which may arise as a result of this program. I agree NOT to make a claim against or sue, either in the name of my dependent or my own name, any of the above parties for injuries or damages whether they arise or result from any NEGLIGENCE or other liability.

IN WITNESS WHEREOF, I have set my hand on this \_\_\_\_\_ of \_\_\_\_\_ 2018.

\_\_\_\_\_      \_\_\_\_\_  
Parent or Guardian Signature          Date

**Volunteer Drivers & Parent of the Day**

If you would be available to be a volunteer during camp or to drive on a field trip, please let us know. You will be contacted directly.

- \_\_\_ I would like to bring the camper’s snack for end of the day activity
- \_\_\_ I would like to volunteer at camp in Annapolis
- \_\_\_ I would like to volunteer at camp in St. Mary’s
- \_\_\_ I would be available to drive for a field trip