

**MINOR WAIVER AND RELEASE**  
**RS21 SAILOR (under 18 years of age)**

1. As parent or legal guardian of \_\_\_\_\_ (the "Participant"), I recognize that sailing is an activity that has an inherent risk of damage and injury associated with it, and hereby acknowledge and agree that the minor Participant's decision to sail or to continue sailing under the existing forecast or anticipated conditions of wind, sea and weather is entirely at his or her own risk, with my full understanding of such risk.
  
2. For and on behalf of Participant and myself, I acknowledge and agree that neither Lakewood Yacht Club, Dinghy Planet, LLC d/b/a KO Sailing, Bay Access, in the event Bay Access has organized the event, the sponsors of such event, nor their respective members, officers, directors, employees, agents, and/or contractors will be responsible for:
  - (a) Any loss or damage to the chartered vessel;
  - (b) my or Participant's property, or
  - (c) any personal injury, including death,sustained as a result of Participant's decision to sail or to continue sailing the vessel, regardless of the fact that such damage may, in whole or in part, be due to the negligence of Lakewood Yacht Club, Dinghy Planet, LLC d/b/a KO Sailing, Bay Access, the sponsors of the event or their respective members, officers, directors, employees, agents, and/or contractors.
  
3. **I hereby assume all risk of injury to or death of any person and the loss or destruction of property from any cause whatsoever in connection with Participant's possession, use or operation of the vessel. To the fullest extent permitted by law, I hereby RELEASE Lakewood Yacht Club, Dinghy Planet, LLC d/b/a KO Sailing, and for events organized by Bay Access, a 501(c)(3) not for profit corporation ("Bay Access"), Bay Access, and the officers, directors, members, employees, agents, and/or contractors (collectively referred herein as the "Released Parties") of any or all of the foregoing and WAIVE any and all claims and causes of action against the Released Parties, or any of them, including without limitation any and all suits, losses, liabilities, demands, attorney's fees, costs, damages, or expenses, which arise out of, directly or indirectly, my operation or use of the vessel, without limit and without regard to the cause or causes thereof, even if caused by the sole or concurrent, ordinary or gross negligence, fault, or strict liability of any or all of the Released Parties or the unseaworthiness of the vessel, excepting only the willful or intentional acts of the Released Parties. I further WARRANT and REPRESENT that I have the authority to enter into this Waiver and**

**Release agreement on behalf of Participant, Participant's family or guardian.**

- 4. Any controversy or claim for damages for bodily injury or property damage or any other cause of any nature whatsoever, sustained by Participant by reason of the negligence or other fault of or claim against LAKEWOOD YACHT CLUB, Dinghy Planet, LLC d/b/a KO Sailing, and/or Bay Access, for events organized by it and the officers, directors, members, employees, agents and/or contractors of any or all of the foregoing, shall be resolved exclusively in the United States District Court for the Southern District of Texas, Houston or Galveston Divisions, or, in the event such courts lack subject matter jurisdiction over the case or controversy, and only in that circumstance, in the state District Courts of Harris County, Texas.

This Waiver and Release shall be governed by and interpreted under the General Maritime Law of the United States and, to the extent such law does not provide a rule of decision, and only then, by the laws of the State of Texas, without regard to the choice of law rules of either.

- 5. I understand this document has important legal consequences and have consulted such legal and other advisors as I deem appropriate before signing.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent or Legal Guardian's Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF A MINOR**

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Plan: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Allergies (food or medication), or special instructions: \_\_\_\_\_

Accommodations needed: \_\_\_\_\_

This authorization applies to the Participant who is under the age of 18 years of age. I have the authority to consent to medical treatment of the foregoing Participant. Should the Participant be in need of medical treatment, my signature below confirms my permission for this to be done in the event that I cannot be

reached promptly. I request that any health care provider accept this as a full authorization. I further agree to be fully responsible for any and all reasonable and necessary expenses incurred as a result of the use of this authorization.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_