



Muller Sailing, LLC.
5846 S. Flamingo Rd Suite #263
Fort Lauderdale, FL 33330
Bus: (954) 257-9495
philip@mullersailing.com

Athlete Contract

Only completely filled in forms will be accepted. Double-handed skippers and crews must EACH complete and sign separate copies of this form.

I, _____, choose to push myself to new levels of excellence in the sport of sailing. I understand that I will receive the same amount of experience, knowledge, and support reciprocal the effort that I give.

I understand my role and responsibility as a representative and role model of this organization, it's members, and the US 29er fleet.

I understand the challenges inherent in the 29er class and agree to complete a full season of sailing, even if my resolve is shaken due to changes within or outside my control. I agree to a face to face meeting with the coach to discuss issues regarding my campaign.

I agree to manage my time so I can put forth my best effort on the water and on-shore during team briefings. I realize that my effort and behavior set a tone that shape the direction and focus of the team, as such I will do my job to ensure no opportunity of excellence is wasted. I agree to be on time, prepared, and engaged.

I dedicate myself to a weekly fitness regime, maintain a proper diet, and commit to rest and recovery so that I can fulfill my duties in the boat.

Through my behavior, I will create an environment of inclusion for all members of my team. I agree to an attitude of excellence and will encourage my teammates when appropriate. I will accept failure and challenge as opportunities for growth and depth of my character.

I realize the importance of quality equipment and will maintain the upkeep and condition of my equipment; owned, borrowed, or chartered; so it will be competitive.

I will take responsibility for my belongings, equipment, trash, space, and attitude.

Signed _____

Date_____



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Medical Consent Form

Only completely filled in forms will be accepted. Double-handed skippers and crews must EACH complete and sign separate copies of this form. *Please attach a copy of your health insurance card.*

NAME OF PARTICIPANT (printed): _____

NAME OF PARENT OR GUARDIAN (printed): _____

In the event of any accident or injury to me, or to the minor named above as the Participant, or in the event of my illness, or any illness of the minor named above as the Participant, while participating in the 2NINER Program or while on the premises of the Host Club/Organization, if I am unable to consent, or I as parent or guardian am not present:

1. I hereby voluntarily consent to the furnishing to myself, or to the minor named above, of emergency first aid and such other medical care and treatment by any hospital or physician(s) as the hospital or physician(s) deem necessary or advisable or necessary including without limitation, x-ray examination, anesthetic and diagnostic procedures.
2. I authorize any officer or member of the Host Club/Organization to consent to such medical care or treatment.
3. I agree to pay the cost of such medical care or treatment and to hold the Host Club/Organization and 2NINER and its officers and members harmless from liability for such cost.
4. I give this authorization in advance of any specific diagnosis, treatment or hospital care being required in order to provide authority to render such care as the physicians rendering such care may, in their best judgement, deem advisable.

If the competitor is a minor: I understand that all efforts shall be made to contact me in the event of accident or injury to, or illness of, the minor named above, but medical care and treatment will not be withheld if I cannot be reached.

Signature of Parent/Guardian: _____ Date: _____

IN CASE OF EMERGENCY CALL:

NAME	RELATIONSHIP	PHONE NUMBER

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

NAME	PHONE NUMBER	DATE OF LAST EXAM

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER

List here all allergies or medical conditions affecting the Participant:



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MEDICAL AND EMERGENCY INFORMATION

NAME: _____ SEX _____ (M) _____ (F)

ADDRESS: _____
Street/P.O. Box

City State Zip

PHONE: _____ (home) _____ (emergency cell)

DATE OF BIRTH: _____

THE PARTICIPANT AND HIS OR HER PARENTS MUST ANSWER THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE:

Please check those that apply: (Provide necessary details below)

CHRONIC AILMENTS:	ALLERGIES:
ASTHMA OR OTHER RESPIRATORY PROBLEMS	MEDICATION
DIABETES OR HYPOGLYCEMIA	LATEX
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS	BEE STINGS/INSECT BITES
CIRCULATORY OR HEART PROBLEMS	IF YES, DO YOU CARRY AN EPIPEN?
EPILEPSY/SEIZURE	FOODS
OTHER	OTHERS, IF SIGNIFICANT

DATE OF LAST Tdap (Tetanus/Diphtheria/Acellular Pertussis) SHOT: _____

CURRENT MEDICATIONS AND DOSAGE, IF ANY: _____

DETAILS: _____



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RELEASE OF LIABILITY

In consideration of the undersigned’s participation in any **Muller Sailing, LLC. Program** (“the Program”) hosted by 2NINER, Inc. (the “Sponsor”) and hosted by various Host Clubs/Organizations (the “Hosts”) in the calendar year 2018, the undersigned participant (“Participant”), and if such Participant is a minor, the Participant’s parent or legal guardian by countersigning below, on behalf of themselves and their respective heirs, executors, administrators, personal representatives and next of kin (collectively with Participant, “Releasers”), hereby forever waive, release and discharge each of the Sponsors, the Hosts and their respective parents, subsidiaries, affiliates, owners, members, managers, employees, officers, directors, agents, representatives, successors and assigns (each a “Released Party”) from any and all claims, demands, damages, judgments, executions, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, which a Releaser may have, or claim to have, against any Released Party resulting from death, personal injury, property damage or other loss Releaser may sustain as a result of participating in the Event or other activities related thereto.

THIS RELEASE IS INTENDED TO DISCHARGE EACH RELEASED PARTY FROM ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH RELEASOR’S PARTICIPATION IN THE EVENT EVEN IF THAT LIABILITY ARISES OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF ANY RELEASED PARTY, EXCEPT GROSS NEGLIGENCE OR INTENTIONAL ACTS, OF ANY OF THE RELEASED PARTIES.

Releasers hereby acknowledge that serious accidents occasionally occur during sailing activities and that mortal or serious personal injuries and/or property damage or other loss may result from participation in the Program. Releasers knowingly assume all risks of participation in the Program, including all risk of personal injury and loss of or damage to the Releasers or their property, including further injury sustained as the result of the efforts of third parties who come to the aid of Releaser(s) if injured as a result of participation in the Program, and release all other persons and entities mentioned above who might otherwise be liable to Releasers. Releasers agree to abide by all rules of the Sponsors and the Host in connection with participation in the Program and understand that the failure to observe and obey such rules may result in instant revocation of Releaser’s(s’) right to participate in the Program.

Signature of Participant: _____

Print Name: _____

PARENT OR GUARDIANS FOR MINORS (IF UNDER 18 YEARS OF AGE)

The undersigned parent and/or natural or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to release each and all of the Released Parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said Party(ies) because of any defect in or lack of such capacity to so act and release said Party(ies) on behalf of all Releasers as specified herein.

Signature of Parent/Legal Guardian: _____

Print Name: _____ Date: _____



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DEPICTION RELEASE

The signed consent form MUST be on file in order to complete registration. One must be on file for each sailor.

In consideration of the undersigned’s participation in any **Muller Sailing, LLC. Program** (“the Program”) hosted by 2NINER, Inc. (the “Sponsor”) and hosted by various Host Clubs/Organizations (the “Hosts”) in the calendar year 2017, the undersigned participant (“Participant”) and if such Participant is a minor, the Participant’s parent or legal guardian by countersigning below (“Parent/ Guardian”), hereby grant to the Sponsors and the Host, perpetually and irrevocably, the unconditional and exclusive right, title and interest throughout the world to use, simulate and portray Participant’s name, likeness, voice, personality, personal identification, and personal experiences, incidents, situations and events, whether visual and/or audio, including without limitation photographs, videotape, film and other recordings, electronic or optical-based media, or any other form or medium whatsoever, whether now or hereafter existing, and of every kind and character (collectively “The Images”), which may be taken or taken of Participant while participating in any aspect of the Program. Participant and Parent/Guardian understand and agree that one or more of the Sponsors and/or Host will be the owner(s) of any and all right, title and interest in and to the Images, in any derivative works, and in any merchandising, advertising, promotional and publicity rights and materials related thereto in all media of every nature whatsoever, whether now known or hereafter devised. Participant reserves no rights with respect to such uses. Participant and Parent/Guardian acknowledge the Sponsors’ and the Host’s right, title and interest in and advertisement, promotion, distribution and sale of products or events directly or indirectly related to the Program and/or yacht racing. Participant and Parent/Guardian agree that the Sponsors and the Host shall have unlimited right to vary, change, alter, modify, add to, and delete from any depictions of Participant in the Images and to rearrange and/or transpose such depictions as each may determine. Participant and Parent/ Guardian hereby waive any right to inspect, review or approve the Images and their use by the Sponsors and the Host and acknowledge that they are to receive no payment with respect to any matter referred to herein and that any and all of the rights granted herein are freely assignable by Sponsors and/or Host.

PARTICIPANT AND PARENT/GUARDIAN, ON BEHALF OF THEMSELVES AND THEIR RESPECTIVE HEIRS, EXECUTORS, ADMINISTRATORS, PERSONAL REPRESENTATIVES AND NEXT OF KIN (COLLECTIVELY, “RELEASERS”), HEREBY FOREVER WAIVE, RELEASE AND DISCHARGE EACH OF THE SPONSORS, THE HOST AND THEIR RESPECTIVE PARENTS, SUBSIDIARIES, AFFILIATES, OWNERS, MEMBERS, MANAGERS. EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, SUCCESSORS, ASSIGNS AND REPRESENTATIVES (EACH A “RELEASED PARTY”) FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION THAT RELEASORS MIGHT NOW OR HEREAFTER HAVE FOR LIBEL, DEFAMATION, INVASION OF PRIVACY, RIGHT OF PUBLICITY, INFRINGEMENT OF COPYRIGHT OR TRADEMARK, OR VIOLATION OF ANY OTHER RIGHT ARISING OUT OF OR RELATING TO ANY UTILIZATION OF THE RIGHTS GRANTED UNDER THIS DEPICTION RELEASE.

PARTICIPANT (Signature): _____

DATE

NAME (print) _____

PARENT OR GUARDIANS FOR MINORS (IF UNDER 18 YEARS OF AGE)

The undersigned parent and/or natural or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to release each and all of the Released Parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said Party(ies) because of any defect in or lack of such capacity to so act and release said Party(ies) on behalf of all Releasers as specified herein.

PARENT OR GUARDIAN (Signature): _____

DATE

PARENT/GUARDIAN NAME (Printed): _____