

US Sailing Sanctioned Safety at Sea

NA	AME	Phone		
Ac	ddress	Email		
Cit	ty / State / Zipcode	Blue Water Sailing / Experience		
	LIABILITY RELEASE A	AND ASSUMPTION OF RISK AGREEMENT		
n cor	nsideration of the	(collectively the "Venue" including		
acilit	ies, grounds, docks, marina) and others	s making this activity available, I hereby agree as follows:		
1.	can change at any time without notice, including hypothermia, immersion and drowning, equipme rocks, docks, pilings and buoys and other potentibeing exposed to a variety of hazardous situation risks.	s risks of injury, death, and property damage from a variety of situations and causes that but not limited to water, wind and weather conditions, tides, currents, waves, int failure, on-board fires, interactions with other vessels, as well as with aquatic life, all hazards. I further understand and agree that training for survival at sea will involve my s which, even though staged or encountered on or near land, nevertheless will present		
2.	Assumption of Risk: To the fullest extent permitt property damage that may arise from participating	ed by law, I freely and unconditionally agree to assume all risk of injury, death and are in this program and any related activities.		
3.				
4.	Participation: I will abide by seminar rules and instructions, but I understand that I may withdraw at any time if I believe I am asked to do something that is beyond my skill or exposes me to undue risk. I also understand that the instructor has the right but not the duty to remove me from an activity if she/he believes that my participation may be detrimental to me or to others. There will be no refunds for participants who leave the course voluntarily or involuntarily.			
5.	Media Waiver: I hereby grant to the Venue, Sail unrestricted right to use and publish images of magree that the Venue, Sail Aweigh LLC and US Sail	Media Waiver: I hereby grant to the Venue, Sail Aweigh LLC and US Sailing, its representatives and assigns an irrevocable and unrestricted right to use and publish images of me taken during or in the connection with this program and any related activities, and I agree that the Venue, Sail Aweigh LLC and US Sailing owns all rights to them, and the Venue, Sail Aweigh LLC and US Sailing and its representatives and assigns may use them for any purpose and in any form, in perpetuity, and without compensation.		
6.		final and entire agreement regarding my participation in this program and related		

READ CAREFULLY BEFORE SIGNING - THIS IS A LEGALLY BINDING CONTRACT

Date:

activities; it is binding upon the heirs, successors and assigns of all parties, and it supersedes any and all other documents or oral statements. If any part of this agreement is found to be invalid or unenforceable, the remainder shall be given full force and effect. This document shall be governed in all respects by the laws of the State of California, irrespective of any conflicts of laws, and is intended to provide for a broad and inclusive assumption of all risk and release of all liability to the greatest extent permitted by law, but it is not

intended to assert any claims or defenses that are prohibited by law.



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PARENTAL CONSENT FOR MINOR

<u>The minor and parent/guardian must both sign the registration form / LIABILITY RELEASE AND ASSUMPTION</u>

<u>OF RISK AGREEMENT on the reverse side of this document</u>, and the parent/guardian also must complete and sign this parental consent form before the child may participate in this seminar.

Age:

Relationship to Minor:

Minor's Name:

Parent/Guardian Name:

	READ CAREFULLY BEFORE SIGNING - THIS IS A LEGALLY BINDING CONTRACT Signature of Parent/Legal Guardian: Date:
	In the event of a medical emergency to my child, I authorize the providers of this activity to provide emergency first aid treatment and/or refer treatment to a duly licensed physician, dentist, or other medical care to my child. This care may begiven under whatever conditions the providers deem reasonably necessary to preserve the life, limb, or well-being of mychild. I agree to pay all costs associated with any medical care and related transportation for the child and to indemnify and hold harmless the course providers for any costs incurred.
:	I have familiarized myself with the potential hazards of participating in the US Sailing Safety at Sea Seminar; I understand that this seminar IS NOT a child's activity and that IT IS intended to train mature and experienced sailors to confront life-threatening emergencies at sea; I have asked and received satisfactory answers to any questions I may have about the seminar, and I believe that the minor named above possesses sufficient skills and maturity to participate in this activity constructively, without the need for special treatment, and in a fashion that will not present increased risk to the minor or to other participants.
1	I further warrant and represent that I have carefully read the LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT that accompanies this document, I understand that it includes a waiver of important legal rights. On my own behalf, on behalf of the minor named above, and on behalf of all of the minor's family, I hereby agree to all terms of this contract, including but not limited to the agreement to ASSUME ALL RISKS AND TO RELEASE ALL "Released Parties" from any legal liability to the fullest extent allowed by law.
	I warrant and represent that I am the parent and/or legal guardian of the minor named above and that I have full legal authority to sign this document and on behalf the minor named above to waive the minor's legal rights.
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Safety at Sea Seminar MEDICAL FORM

Name:		Emergency Contact:
DOB:		Relationship:
Telephone Home:		Telephone:
Mobile:		
Doctor:	Telephone:	

It is your responsibility to make known any potential medical conditions that may affect you during the activities associated with the program in which you will be taking part. Please, provide as many details as possible.

Have you ever suffered from any of the following conditions?

Asthma/bronchitis	Yes	No
Heart conditions	Yes	No
Fits, fainting or blackouts	Yes	No
Severe headaches	Yes	No
Anxiety or Depression	Yes	No
Diabetes	Yes	No
Travel sickness	Yes	No
Allergies to medication	Yes	No
Any other allergies	Yes	No
Other illnesses or disabilities	Yes	No

If you have answered Yes to any of the above, please provide details in the box below:

Are you currently taking any medication now? If so, please specify.

Are you suffering/recovering from any injuries which may affect your involvement?

Do you have any food or other allergies?

Signature:	Print Name:	Date: