

North Coast Community Sailing

RELEASE OF LIABILITY WAIVER

All participants must read and sign this document and return the completed form prior to participation. If the participant is a minor, then either a parent or guardian must read and execute this form. In consideration of any and all privileges made available by North Coast Community Sailing to me or my child:

Name of Participant: _____

I/We certify that the participant is able to swim 25 yards while wearing a Coast Guard Approved Personal Flotation Device (PFD). I/We understand and agree to wear a PFD in at all times in the boats. I/We agree to assume all risks and accept full responsibility associated with my (or my child's) participation in the North Coast Community Sailing Programs and Open Sailing. Lake Superior is a dynamic body of water, upon which weather conditions may change dramatically; I/We hereby acknowledge and accept full responsibility associated with foreseen and unforeseen risks inherent in such activities. I/We acknowledge that sailing is a hazardous action sport which can cause death by numerous causes including, but not limited to, drowning, hypothermia, and other severe injury. I/We further acknowledge that permanent disfigurement and/or disability can result from sailing due to broken bones, lacerations, contusions, skin puncture and other injuries. **I/We hereby release and waive any right to any and all claims, causes of action, damages, judgments, costs or expenses arising from my/our participation in this program regardless of cause, excluding any action or negligent action of North Coast Community Sailing, and the officers, directors, trustees, staff, employees and agents of the North Coast Community Sailing. I/We further agree to indemnify, defend and hold harmless North Coast Community Sailing and the officers, directors, trustees, staff, employees and agents of these organizations or representatives ("indemnitees") from any and all liability for injury or death or other loss of any kind suffered by me (or my child) in connection with this program, regardless of cause, excluding negligent action of the indemnitees.** I/We hereby grant permission to North Coast Community Sailing or assigned photographer any right or permission to use with respect to photographic images of me or my child as indicated above in participation at North Coast Community Sailing programs or events or in which I/we may be included with others, to use and/or publish individually or in conjunction with any printed matter, in any and all media, and for any legal purpose whatsoever, including but not limited to illustration, promotion, exhibition, publication, advertising and trade. Furthermore, I/we consider North Coast Community Sailing the sole and complete owner of any such photographs. I/we warrant I/we have the right to authorize these uses and hereby agree to hold North Coast Community Sailing harmless of any and all liability in perpetuity.

Name of Participant: _____

CONSENT TO TREAT

The undersigned, an adult of 18 years or older (and parent or guardian of minor, where applicable), as a participant in the subject activity, hereby consents to medical treatment where the undersigned is unable to consent to such treatment.

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Phone Number(s) _____

MEDICAL INFORMATION

Medical Insurance Provider: _____ Policy #: _____

Primary Care Physician: _____

Phone: _____ Clinic: _____

Please provide any pertinent medical information that we should be aware of (physical limitations, allergies, asthma, diabetes, medications, etc.)

Your signature indicates that you understand and agree to the terms of the Liability Release and Waiver.

Participant's Signature: _____ Date: _____

Parent or Guardian name (if applicable): _____

Parent or Guardian Signature: _____ Date: _____