

ALBERTA SAILING ASSOCIATION
MOBILE OPTMIST SAILING SCHOOL
FORT PECK SAILING CLUB
Mail to Fort Peck Sailing Club
41 Park Grove
Nashua, MT 59248

REGISTRATION FORM AND WAIVER

NOTE: *This form must be completed for each participant prior to the commencement of the camp.* It is the participant or parent/guardian of the participant's responsibility to update the association of any changes in their own or their child's medical condition throughout the sailing season and/or program.

PARTICIPANT INFORMATION

LAST NAME:	FIRST NAME:
STREET ADDRESS:	CITY:
POSTAL CODE:	PHONE: ()
E-MAIL:	AGE:
SEX: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
Does the participant have any allergies or medial conditions? (If yes, please explain. Include relevant medications or limits to participation).	
EYE SIGHT (PLEASE CIRCLE RESPONSE) EXCELLENT GOOD FAIR POOR GLASSES CONTACTS	
DOES PARTICIPANT HAVE ANY PSYCHOLOGICAL DIFFUCLTIES? E.g., fear of heights, of water. (If yes, please explain).	

PRIMARY CONTACT INFORMATION

LAST NAME:	FIRST NAME:
CELL: ())	WORK OR HOME: ())
E-MAIL:	RELATIONSHIP WITH PARTICIPATN:

SECONDARY CONTACT INFORMATION

LAST NAME:	FIRST NAME:
CELL: ())	WORK OR HOME: ())
E-MAIL:	RELATIONSHIP WITH PARTICIPATN:

RELEASE OF LIABILITY, HOLD HARLESS, AND INDEMNITY AGREEMENT

In consideration of the Fort Peck Sailing allowing my child to participate in courses noted on my application, I, on behalf of myself and my child, hereby release the Host venue, Fort Peck Sailing Club, and their respective officers, directors and members, any volunteers, parents of other children, and other participants from any claims of causes of action that may arise as a results of my child's, or my, participation. This includes demands in respect to death, injury, loss or damage to my child or my property, howsoever caused, arising out of or in connection with my child taking part in this course notwithstanding that the same may have been contributed to or caused or occasioned by the negligence of the same bodies, or any of them, or their agents, officials, servants, or representative. I acknowledge that by participating in this course my child may be subjected to risks of injury of every nature. My child's activities may include the maneuvering of a boat or other watercraft in deep waters and in potentially hazardous conditions which could include, among other risks, cold water temperatures with exposure to hypothermia, strong winds and high waves, sudden and unexpected immersion in deep waters as well as collision with other watercraft or stationary objects such as docks, pilings and buoys. In the event my child or other family member or anyone on behalf of my child should attempt to pursue any claim against any of the released parties, I hereby agree to hold harmless and to indemnify such parties form any and all claims that may be brought against them including actual attorneys fees or costs that may be incurred in defending such

claims. I accept responsibility to determine whether my child should be participating. I also agree that my child and I are also bound by the rules, which may govern my child's participation in this event.

This Release, Hold Harmless and Indemnity Agreement is intended by me to be without exception. It applies to any and all claims that might arise under any theory of liability.

Participant Name (Please Print): _____.

Parent/ Guardian Name:_____.

Parent/Guardian Signature:_____.

Date:_____.