



# Adult Sailing Registration Form

## **Sailor Information: (PLEASE PRINT)**

Participants Name: \_\_\_\_\_

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

Participants City & Zip: \_\_\_\_\_

Participants Email \_\_\_\_\_

Participants Phone (Cell Phone Preferred) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

First Choice: Course Name \_\_\_\_\_ Date Offered \_\_\_\_\_

Alternate: Date Offered \_\_\_\_\_

## **2011 Carolina Sailing Foundation Liability Release Form**

I am fully aware of the risks and hazards associated with participation in the activities of the Carolina Sailing Foundation.

I am in good health and I know of no reason why I would be incapable of participating in the Program activities. I know how to swim. I have an approved PFD and agree to wear at all times while participating in on the water portions of the Program.

I hereby elect voluntarily to participate in sailing instruction and fully acknowledge that the activity may be hazardous to me, and my property. I am aware that the Program activities may potentially hazardous conditions that may include among other things, strong winds and high waves, unexpected immersion and collision with other watercraft.

I acknowledge that I assume all risks while I participate in the activities of the Carolina Sailing Foundation (Foundation). In particular, the decision to participation any event considering, but not limited to, the location, time, weather conditions, and availability and use of safety equipment, including life vests are mine and I assume complete responsibility for them. In exchange for the privilege of my Foundation participation, I hereby release any claim I may have against Foundation, its officers, directors, and agents for personal injury or property damage arising from my participation in Foundation activities and agree to hold Foundation harmless from said claims.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

## **Photo Release**

From time to time we take video and photos of students for training and promotional purposes. If it is okay to use your photo, voice, name and or likeness for these purposes please sign below.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

## **Payment:**

Checks should be made payable to **Carolina Sailing Foundation**. Send check and this page to:

Carolina Sailing Foundation  
c/o Roy Rysdon  
105 Shirley Drive  
Cary, NC 27511

**\*\*\* Upon receipt we will confirm your registration \*\*\***