

Sail Connecticut Access Program, Inc

Info and Waiver for Open House participants,

Name _____

Address Town _____

State _____ Zip Code _____ PHONE _____

EMAIL _____

Name and phone number of emergency contact- someone who is not sailing with you:

NAME _____ PHONE _____

RELEASE OF LIABILITY, INDEMNITY, AND HOLD HARMLESS AGREEMENT

SAIL CONNECTICUT ACCESS PROGRAM, INC.

I understand that sailing Involves certain unavoidable risks, up to and Including serious Injury or death. The safety and comfort of all participants is the first concern of Sail Connecticut Access Program, Inc. (hereinafter called SCA), Its volunteers, employees, agents, officers, directors, and representatives. I am also aware that occasionally participants get wet or cold or both on sailing outings.

SCA has accommodations available for my safety and comfort Including hoists for boarding, PFD's, seatbelts, and cockpit Made to provide support, but I must keep each skipper informed about my needs and limitations before I sail and whenever problems arise during sailing. I will inform the skipper If I am unusually susceptible to cold or heat or seasickness, or if the heeling of the boat makes me uncomfortable.

I, for myself and my heirs, release and forever discharge from any and all claims, demands, and causes of action which are in any way connected with my participation, now or in the future, in any activity of SCA whether such claims, demands, and causes of action arise from bodily or personal injury, death, or property damage (whether or not caused by the negligence of SCA).

I agree to indemnify and hold harmless SCA, its volunteers, employees, agents, officers, directors, and representatives from any loss, liability, damage or cost, including reasonable attorney's fees, they may Incur due to my participation in the activities of SCA, whether or not such loss, liability, damage or cost results from the negligence or other action of SCA, and its volunteer, etc.

Photography and Videography: Still and Video Images are used for Identification in our database and for marketing purposes only. our database, are not online or shared, and Videos are not marked for facial recognition and no names are Included.

I have read this agreement. I understand that this agreement contains a release of all claims, demands, and causes of action and an indemnity and hold harmless agreement and that no representation or statement on the part of any volunteer, employee, agent, officer, director, or representative of SCA will modify or terminate the provisions of this agreement.

I confirm that I have read this Release, I understand its contents, and I am signing It voluntarily.

Signature of Participant

Date:

2022

FOR PARENTS AND GUARDIANS OF PARTICIPANTS WHO ARE MINORS OR FOR PARTICIPANTS UNDER GUARDIANSHIP

1, the parent or legal guardian of the participant named above, do consent to and agree with the above agreement and do for myself and my heirs release and agree to indemnify SCA, its volunteers, employees, agents, officers, directors, and representatives. from any and all liabilities incident to the participation of the participant named above in the activities of SCA.

Date Parent or Legal Guardian:

TO BE SIGNED AND DATED BY ALL PARTICIPANTS AND THE PARENTS OR GUARDIANS OF PARTICIPANTS WHO ARE MINORS OR UNDER GUARDIANSHIP

Date _____ Signature of Legal Guardian _____

TO BE SIGNED AND DATED BY ALL PARTICIPANTS AND THE PARENTS OR GUARDIANS OF PARTICIPANTS WHO ARE MINORS OR UNDER GUARDIANSHIP