

Participants 18 years of age and older.

Liability Waiver and Indemnification –

I acknowledge that my participation in Crystal Sailing Club Sailing School at the Crystal Sailing Club, 1120 North Shore Drive, Crystal, MI, may involve risks including but not limited to contusions, friction burns, and other potential personal injuries and property damage. I assume responsibility for all risks. I indemnify and hold harmless Crystal Sailing Club, its trustees, officers, agents, including the staff and volunteers of the Sailing School program from any liability arising from, or proximately caused by my participation in this program.

I further acknowledge that I have comprehensive health insurance coverage that will be in effect during the date(s) of this program. The insurance company is:

_____ And my policy number is
_____.

Printed Name _____ Age _____

Signature _____ Date _____

Emergency Contact Information:

Name of Participant: _____

Age: _____ Weight: _____

Any known allergies or medical conditions:

Person to notify in the event of an emergency:

Name: _____ Relation to participant:

Phone Number (s) _____