



Sail GHS -Waiver and Release

Sailor's Name _____

Sailor's Address _____

Sailor's cell phone _____

Sailor's Email _____

Sailor's Birthday _____

Parent's / Guardian's Name _____

Parent's / Guardian's Email _____

Parent's / Guardian's phone _____

Parent's / Guardian's Name _____

Parent's / Guardian's Email _____

Parent's / Guardian's phone _____

Emergency Contact _____

(if parent / guardian is serving as Emergency Contact, leave this line blank)

Does sailor have any allergies or other medical condition that may preclude participation in sailing or that requires carrying an inhaler, epi-pen, or other medical device or treatment that may require consideration in case of emergency?

Yes No

If yes, please attach a written description: _____

