

My child, whose name is stated above, can / cannot swim 50 yards.

I understand that sailing and all activities involved around and during sailing programs of any nature are inherently dangerous and may lead to injury, harm, or death.

In addition to the foregoing, I understand that participation in the Sail GHS program requires close proximity to coaches, staff, volunteers, and other program participants. I understand that Sail GHS has been in contact with local health authorities and has implemented safety protocols to reduce the risk of exposure to the Covid-19 virus. These protocols, including health and safety instructions, will be posted on the premises and copies will be provided for participants upon request. I understand that despite such efforts, the risks and transmission of the Covid-19 virus are not completely understood, and that it is not possible to completely eliminate the risk of transmission, which may lead to serious injury, harm, or death.

In consideration of my child participating in the Sail GHS programs, I agree to accept all risk of injury, harm, or death to my child, to hold Sail GHS, its officers, directors, employees, members, volunteers, and affiliated entities harmless, released, and indemnified from any claims, of any nature whatsoever, arising out of my child's participation in the activities of the Sail GHS Program.

Should my child need medical treatment, my signature below confirms my permission for medical treatment in the event that I cannot be reached promptly.

By signing this document I confirm that I have discussed the risks and safety requirement of sailing with my child, and that I am confident my child is ready, willing, and able to meet the challenges of participation in the Sail GHS program and to follow the safety guidelines and rules of the Sail GHS program and the instructions of the coaches, staff, and volunteers.

By signing this document, I also confirm that I have read, understood, and agree to all the terms and conditions stated in this waiver and release.

Parent / Guardian name (print) _____

Parent / Guardian Signature _____

Date _____

For more information contact us at sailghs@gmail.com

