



Sailability Greater Tampa Bay, Inc

*Sailing for people of
all ages and abilities*

This waiver is good through December 31st of the current year from the date signed, if there is any change in your history it is your responsibility to notify Sailability Greater Tampa Bay, Inc. (SGTB) immediately. It is the responsibility of the participant or parent/guardian to **completely** fill out this form and **then** sign the form before participating in any Sailability Greater Tampa Bay, Inc. (SGTB) activity.

Print Name _____ Phone _____

Address _____ Cell _____

City _____ State _____ Zip _____

E-mail _____ Print clearly

Organization Affiliation _____ Date _____

Check Status: Participant ___ Instructor ___ Volunteer ___ Student ___ Guest ___ Other _____

Sailor: Height _____ Weight _____

Ethnicity: Asian ___ Black ___ Caucasian ___ Hispanic ___ Native American ___ Other ___

Are you currently under a doctor's care? Yes ___ No ___ Doctor _____

Are you prone to startle reflex or seizures? Yes ___ No ___ Doctors Phone _____

Emergency Contact: Name _____ Phone _____

Circle Disability Status: Blind Deaf Developmentally Disabled Physical-(type) _____

In consideration of Sailability Greater Tampa Bay, Inc. extending to me the privilege of participating in its water sports program, I fully assume all risk and waive all liability in connection with my participation in any program, and in particular, without limitation, to the extent permitted by law. I and my heirs, representatives, executors, or administrators and my undersigned parent or guardian (if applicable) remise, release, indemnify, acquit and hold harmless and forever discharge Sailability Greater Tampa Bay, Inc. and it's directors, employees, agents, instructors, including volunteers, rescue and support personnel, from any and all liabilities, obligations, damages, claims, causes of action, judgments, costs, and charges which I may have or which may be incurred by me for reason of any occurrence during my travel to and from the event, or during my participation therein, whether resulting from acts or omissions of any persons, from the operation or condition of facilities or premises, or from acts of God or nature. I hereby agree to comply with all rules and regulations, give my permission for the free use of my name and picture in any media account of the Sailability Greater Tampa Bay, Inc. water sports program(s) or any future public relations of fund raising activity. I also agree to assume liability for any and all damages to Sailability Greater Tampa Bay, Inc. property that is under my control while participating in any Sailability Greater Tampa Bay, Inc. activity. **I have read the above completely and fully understand what I am signing.**

SIGNATURE: _____ Date _____

For participants under 18, I, _____ hereby affirm that my child/ward has permission to participate in the Sailability Greater Tampa Bay, Inc. water sports program.

SIGNATURE PARENT: _____ Date _____

SIGNATURE OF GUARDIAN: _____ Date _____