

Application for GRSA Sail Camp – 2019

(A separate application form is required for each student)

Liability Release Section

Acceptance of Responsibility for Minor's Act

1. I am the parent/guardian of the student identified in the first page of this application, and I have full/partial custody and control of the minor.
2. I am aware that my minor child desires to participate in the GRSA Junior Sailing Program and I fully consent to his/her participation in the sailing program.
3. I further understand that my child's participation in the sailing program could result in injury to other persons or damage to other watercraft, giving rise to suits or claims for compensation, and I agree to be financially responsible for any damages caused by my child outside of normal wear and tear expected.
4. In consideration of being permitted to participate in the GRSA Junior Sailing Program, I certify that my child is a swimmer and will be required to furnish and wear a USCG approved life jacket for all on-the-water activity.
5. I further understand that by my child's participation, I am undertaking to indemnify and hold harmless the officers, employees, agents and other personnel of GRSA from any and all liability, loss or damage arising from my child's participation, including those resulting from claims, demands costs or judgments against my child arising out of acts of negligence on his/her part committed while participating in the Junior Sailing Program.
6. I further waive all rights to make claims or file suits against GRSA, its officers, employees, agents and other personnel, and relieve GRSA, its officers, employees, agents and other personnel from all liability or responsibility of any kind arising from such damage, loss, cost or expense.

I agree with the preceding statements: Yes (sign below) No

Disciplinary Procedures Section

Parents are expected to inform their children that good sportsmanship and proper self discipline are required at all times while under instruction or at a GRSA-sponsored event. Infractions of the Code of Conduct are not acceptable. The directions of the instructors must be followed at all times. Violations of safety or disciplinary rules may result in suspension or expulsion from the Junior Sailing Program.

Disciplinary action will be taken in the following order:

First Violation

- Instructor will remove student from the situation and consult with the Sail Camp Director.
- The Sail Camp Director will document the incident and outline a course of action and inform parent of the incident that occurred.
- Depending on the severity of the incident the parent will be informed by phone call or at pick up time.

Second Violation

- A second violation will result in a disciplinary hearing with parental involvement and possible suspension or expulsion from the program.
- Payment will not be refunded if a student is expelled.

I understand the contents of this section and agree to see to it that my child adheres to the program rules. I agree to assume the obligation for the expense of repair and/or replacement of club/program equipment that is attributable to my child's reckless or irresponsible behavior. I agree to make an appointment for a parent instructor conference, if requested.

I agree with the preceding statements: Yes (sign below) No

Parent/Guardian and Student Signatures Section

Parent

I have read the statements in the "Medical Release/Emergency Contact Section", the "Liability Release Section" and the "Disciplinary Procedures Section" of this application and the "Code of Conduct" on page 3 of the Program Information document, and I agree with all statements contained therein, as indicated by my "Yes" checkmarks in those sections.

 _____ (Parent signature) _____ (date)

Student

I have read the "Code of Conduct" on page 3 of the Program Information document and I agree to abide by it. I understand in entering the sailing course that I agree to obey all rules set forth by the program staff, that I will use the utmost care in the use of boats and equipment, and that I will not engage in any horseplay or other destructive behavior. I understand that failure to attend regularly, arrive promptly, or abide by the rules set forth may result in my suspension or expulsion from the program.

 _____ (Student signature) _____ (date)

Application for GRSA Sail Camp – 2019
(A separate application form is required for each student)

Photo Release Section

I grant GRSA permission to use any photographs or video recordings of my participation in the 2019 GRSA sailing program for promotional, recruiting or educational purposes, without any limitation, reservation or compensation. This consent is given for any photographs, audiotapes and/or videotapes which have been taken or will be taken.



_____ (Signature) _____ (date)

**Signed registration should be hand delivered to Director the first morning of
camp**

Questions? Email sailcamp@grsa.org



CHESTERFIELD COUNTY
PARKS AND RECREATION DEPARTMENT



Assumption Of Risk And Indemnification Agreement

Participant: _____

Program Name: Sail Camp

Date of Course: _____

The nature and scope of the activity listed above has been fully explained to me by the Chesterfield County Parks and Recreation Department. As a participant in this activity, I recognize that there are risks and dangers associated with this activity including, but not limited to, serious injury and/or fatality. I understand that Chesterfield County, it's employees, volunteers, agents, heirs and assigns, operators, staff or Instructors do not guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and of the other participants. In consideration of being permitted to engage in this activity, I assume all the risks and liability that may arise from my involvement and participation in this activity. I further agree to adhere to all Chesterfield County Parks and Recreation policies and regulations. I understand that these standards are intended to reduce the risks of injury to persons and destruction of property, but do not guarantee that personal injury or destruction of property will not occur.

I will hold harmless and fully indemnify the Chesterfield County Board of Supervisors, County employees, volunteers, agents, heirs and assigns from any and all claims, damages, actions, liability and expense now and in the future, in connection with any and all personal and bodily injury and/or damage or theft to my personal property, be it foreseen or unforeseen.

This Agreement is severable. It is enforceable as to the remaining parts, if any part is deemed unenforceable by law.

Medical Release Form

I understand that participation in this activity is, by nature, physically demanding. Therefore, all participants must be free of medical or physical conditions, which might create undue risk to themselves or others who might depend on them.

- 1. What physical disabilities or any other condition does the participant have which might limit his/her participation in this activity?
2. Is the participant taking any medications at this time? (Including pain relievers, allergy medications)
3. Does the participant have any allergies? (i.e., penicillin, bee, food, dust, hay) If so, please indicate:
4. Does the participant have medication to take in case of an allergy attack? Yes No

I have noted above any medical or physical conditions the participant has which might affect his/her activities and understand the nature of the physical demands of this activity.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the trip leader in charge to hospitalize, secure proper anesthesia, and to order injection, surgery or other medical treatment for myself as a participant or for my son, daughter or ward, as a participant.

I, therefore release any and all rights or claims for damages against the Chesterfield County Parks and Recreation Department, and all individuals assisting in instruction and conducting these activities, for any and all injuries, loss or damage suffered by the participant at, or in any way connected with, these activities.

Name: _____

Address: _____

Telephone: (home) _____ (work) _____ (emergency) _____

Med. Insurance Company _____ Dr. Name: _____

Participant Signature: _____ Date: ____/____/____

Signature of Parent or Guardian, (if under 18): _____

Please Fill Out Completely!!!