

## High School Sailing Program

### Waiver

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ AGE & BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (H) & (C) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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#### CONSENT AND WAIVER OF LIABILITY AGREEMENT

I recognize sailing can be a hazardous sport which can result in serious injury or death. I accept the risks inherent in sailing and its environment, and I accept full responsibility for all medical expenses and claims incurred as a result of my participation in any activity of the Willamette Sailing Club ("WSC"). I also agree to release, hold harmless and indemnify WSC, its officers, shareholders, directors, agents, employees and insurers for any claims for personal injury or property damage resulting from any cause including negligence, which arise out of participation in WSC activities. This release is binding on me and all other persons, including family members, heirs and executors. This release does not apply to gross negligence or intentional acts of WSC. All rights and responsibilities of the parties will be governed by Oregon law, and any claims between the parties may be filed only in Multnomah County Circuit Court. **My signature below means that I have read, understood, and agree to the above terms and conditions.**

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

High School Sailing Program  
Willamette Sailing Club  
PO Box 69385 Portland, OR 97239