



The Squamish Yacht Club and District of Squamish: ADULT Informed Consent Form

WARNING! PLEASE READ CAREFULLY!

I _____, request to participate in the Squamish Yacht Club's ("SYC") Adult Sailing Lessons ("The Lessons") Date of the Lessons ; _____,

Date of Birth _____, BC Medical number _____

I UNDERSTAND and ACKNOWLEDGE that:

1. I know how to swim. **INITIAL HERE** _____
2. The Lessons involve many inherent RISKS, which include but are not limited to the possibility of property damage, or physical injury such as skin abrasion, broken bones, pain, brain injury, drowning or even death. **INITIAL HERE** _____
3. The above activity requires a minimal level of physical, mental and emotional health (collectively "health"). I further understand that the probability of an injury occurring depends in part on my level of fitness and health as well as the awareness, care and skill with which I conduct myself in the Lessons. **INITIAL HERE** _____
4. Choosing to participate in the Lessons brings with it the assumption by me of the above stated potential RISKS and I ASSUME FULL RESPONSIBILITY about these RISKS and the choices available to me. **INITIAL HERE** _____
5. I am free to withdraw from the Lessons at any time. I agree to voluntarily withdraw from the Lessons if I begin to experience any signs of light-headedness, chest discomfort or other ailments affecting my Health. **INITIAL HERE** _____
6. The Lessons are provided by personnel who are not employees of the District of Squamish. IT IS MY RESPONSIBILITY to determine whether or not I am satisfied with the qualifications of Lesson personnel. **INITIAL HERE** _____
7. I acknowledge that it is my responsibility to advise the Squamish Yacht Club and the District of Squamish of any medical or other conditions which may affect my participation in the Program and have listed them below: **INITIAL HERE** _____

Medical Conditions (example, Asthma) _____

Medications _____

Allergies (food, med, bees, etc.) _____

Other _____

8. In the event that I requires medical attention, I consent to being transported to the nearest emergency centre, including by ambulance if necessary. **INITIAL HERE** _____
9. Photos and or Video of me may be used for promotional purposes. **INITIAL HERE** _____

I declare that I have read, understood and I agree to the contents of the INFORMED CONSENT form in its entirety this _____ day of _____ 20____.

Signature: _____

Name (print): _____

Witness Signature: _____

Witness Name (print) _____

Emergency Contact Name: _____ Cell: _____ Phone: _____

Alternate Contact Name: _____ Cell: _____ Phone: _____

The Squamish Yacht Club Release of Liability, Waiver of claims, assumption of risk and indemnity agreement:

Please note that by signing the agreement, you give up the right to sue for any injury or damages howsoever caused.

To: The Squamish Yacht Club and its directors, officers, employees, representatives and agents (collectively called "the Agents")

I, _____ hereby sign this agreement on behalf of myself, my personal representatives heirs and assigns.

1. I agree as a precondition to my participation in all events organised by the Squamish Yacht Club and / or "the Agents" including, but not limited to: any activity that happens on or off the water or docks such as Sailing, Kayaking, games (collectively referred to as "the Activities") and in further consideration of the "Squamish Yacht Club" allowing me to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement ("the Agreement")
2. I acknowledge that "the Activities" **involve inherent risks and dangers that may cause serious injury and possible death to participants.**
3. I fully understand that the risks and dangers associated with my participation in "the Activates" and **accept same entirely at my own risk.**
4. I hereby **waive any and all claims** which I may have against "The Squamish Yacht Club" and "the Agents" and release "the Squamish Yacht Club" from **all liability** for injury, death, property damage, or any other loss sustained by me as a result of my participation in "the Activities", **due to any cause whatsoever; including negligence, breach of contract, or breach of any statutory or other duty of care** by "The Squamish Yacht Club" and or "the agents".
5. I appreciate that "the Agreement" limits the liability of "the Agents" to the same extent as it limits the liability of "The Squamish Yacht Club", even though "The Agents" are not formal parties to "The Agreement"

I AM 19 YEARS OLD OR OLDER AND I HAVE READ AND UNDERSTAND "THE AGREEMENT" AND I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE "THE SQUAMISH YACHT CLUB" AND/OR "THE AGENTS" AND THAT IT CONTAINS A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS.

Signature and of Participant: _____ Print name: _____ Date: _____

Witness Signature: _____ Witness Name: _____