

## LTYC Sailing Class Information

Please bring all three pages properly filled out to the first class

### **LTYC Participation Agreement and Release of Liability**

As student of the sailing programs offered by Lake Townsend Yacht Club, I hereby certify that:

1. I suffer from no illness, injuries or health conditions that would limit my participation in sailing classes.
2. I know how to swim and am comfortable in water over my head and can tread water unaided for at least two minutes and swim 25 yards using a conventional swim stroke.
3. I understand that because sailing is an outdoor aquatic sport in unpredictable weather with inherent risks, I must exercise reasonable care to protect my safety and the safety of others.
4. I will follow all instructions and rules for the class.

In consideration of being allowed to participate in any way in the sailing classes provided by Lake Townsend Yacht Club, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and ,

3. I willingly agree to comply with the stated and customary terms and conditions of participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE LAKE TOWNSEND YACHT CLUB, CITY OF GREENSBORO

their officers, officials, teachers, agents and/or employees, other participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releasees”) WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT’S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

#### **FOR PARTICIPANTS UNDER 18**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

[As Parent /Guardian I confirm I have reviewed content of these documents with my child.](#)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone Number

Class Dates \_\_\_\_\_

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**Medical Information and Release**

IN THE EVENT OF accident, illness, or injury to me or minor child while participating in the LTYC Sailing program under circumstances where I am physically unable to consent or am not present, I hereby authorize any physician, nurse, dentist, hospital, or emergency medical staff to administer appropriate medical treatment. The Undersigned assumes full financial responsibility for such care as well as any applicable policy of accident/health insurance.

The Undersigned hereby releases LTYC, its directors, members, employees, and representatives from all liability and/or claims arising out of the administration of any such medical treatment as noted above.

Student's Name \_\_\_\_\_

Students Signature \_\_\_\_\_

Parent/Guardian Signature (if applicable) \_\_\_\_\_

Date \_\_\_\_\_ Class Dates \_\_\_\_\_

\*\*\*\*\*  
\*

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number (s) # \_\_\_\_\_

Family Physician Physician Phone #  
\_\_\_\_\_

Insurance Company and Policy #  
\_\_\_\_\_

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**Participation Rules**

LTYC Classes are taught by volunteers.

- I will respect their time by arriving and leaving on time.
- I will listen attentively, ask questions, and show interest in the class.
- I will follow directions of the instructors and assist my classmates in doing the same.
- Horseplay is not allowed.
- I will take care of all equipment and return it in good order.
- When class is over adult supervision may end as instructors may need to leave. LTYC nor City staff are not responsible for students not picked up in a timely manner.
- I will not “sail away” but sail with the group and help others to the best of my ability.
- I will maintain an awareness of the wind, my boats, and boats around me.
- If my boat capsizes, I will stay with my boat until given instructions.
- I will properly wear my PFD while on the docks or in a boat.
- I will wear closed toe shoes at all times.
- Class is not over until ALL gear is stowed. Do your part and then some.
- Sailing is FUN!

Student's Signature \_\_\_\_\_