



Initial: _____ Date: _____

CLEARWATER COMMUNITY SAILING ASSOCIATION, INC.
D/B/A
CLEARWATER COMMUNITY SAILING CENTER
1001 GULF BOULEVARD
CLEARWATER, FLORIDA 33767
PHONE: 727-517-7776 FAX: 727-489-2602

Email: bev@clearwatercommunitysailing.org www.clearwatercommunitysailing.org

Liability Waiver

It is the responsibility of the adult participant or parent/guardian to completely fill out this form and then sign the form before participating in any Clearwater Community Sailing Association, Inc. activity.

Activity: _____

Participant: _____ Date of Birth: _____

Phone: _____ Cell Phone: _____ Email: _____

Address: _____

City, State, Zip: _____

Emergency Contact: _____ Phone: _____

How did you hear about the Sailing Center? Friend Member Walk-in Newspaper Other: _____

Would you like to be on our email list for notifications of upcoming events? ___ Yes ___ No

List any medical conditions that may interfere with your sailing ability or that may require special accommodations to ensure your safety:

In consideration of Clearwater Community Sailing Association, 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 Clearwater Community Sailing Association, Inc., and the City of Clearwater, 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 Clearwater Community Sailing Association, 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 the Clearwater Community Sailing Association, Inc. and it's affiliates listed above; property that is under my control while participating in any Clearwater Community Sailing Association, Inc. activity.

Primary Participant Signature: _____ Date: _____

For participants under 18:

I, _____ hereby affirm that the child listed above has permission to participate in CCSC water sports programs.

Date: _____

(Parent/Guardian Signature)