

## Consent & Waiver of Liability Agreement

Complete one form for each participating sailor. If sailor is under 18 years of age, form must be signed by parent or designated legal guardian.

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

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

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #(S): \_\_\_\_\_

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_

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

## Boat Usage Agreement

In consideration of the agreement by the Willamette Sailing Club to make a boat available to me, I agree that I am solely responsible for any expenses incurred due to damage, loss of property, or personal injury suffered by WSC, members of my crew, or any third party, resulting from my use of this boat. I am aware of and familiar with the risks and dangers inherent in sailing and sailboat racing, I am familiar with the class of boat WSC has made available to me, its use and operation. I will wear a life jacket at any time of operation. I have read and understand the above agreement and sign this document by my own desire, demonstrating my agreement.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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