



Collins Bay Yacht Club Sailing School

2 Generation Regatta

24 Aug. 2024

Registration Form

Skipper (SS Student)	
Crew (Parent/Legal Guardian)	
Address	Street
	City/Town
	Province
	Postal Code
Phone No.	
E-mail Address	
Emergency Contact	Name
	Phone No.

Fee

There are expenses associated with organizing the 2 Generation Regatta which the \$30/'crew' (i.e., skipper & crew) Registration Fee will help to offset. Please pay this amount in cash to Jayna Mandin, Head Coach/Instructor or e-transfer same to school@collinsbayyachtclub.ca.

Liability Waiver

I, _____ (print full name) ("the participant") hereby agree to indemnify and hold the Collins Bay Yacht Club (CBYC) Sailing School, CBYC and Collins Bay Marina (CBM) harmless from and against any and all claims for personal injury to the participant or any other persons, or damage to any person's property, caused in connection with the participants use, operation or possession of any watercraft or participation in any activities within the dinghy racing program.

The participant hereby waives any right to commence any action or proceeding against CBYC Sailing School or CBYC or CBM, their agents, employees or representatives, for any action, cause of action or

claim in any way arising in any way including negligence on behalf of the CBYC Sailing School or CBYC or CBM, from the participant's use, operation or possession of any watercraft or participation in the dinghy racing activities.

Sailing, like all water activities, involves a level of risk, including but not limited to serious injuries from being struck by a part of the boat or drowning. I agree to participate in the 2 Generation Regatta knowing there are physical risks and hazards inherent in the on-water and shore-based activities organized by the CBYC Sailing School. By voluntarily participating in these activities, I acknowledge that I am exposing myself and my child to inherent risks and hazards, and I agree to accept all risks and hazards and be responsible for any injury or other loss which may occur during my and my child's participation in all activities.

Furthermore, I authorize the staff of the CBYC Sailing School to take me for medical attention if I become sick or injured while participating in these activities and unable to look after myself.

Signed	
Date	
Witness Signature	
Witness Name	