SHEBOYGAN YOUTH SAILING CLUB, INC. 619 BROUGHTON DRIVE PO BOX 471 SHEBOYGAN, WI 53082-0471 TEL 920.783.0294 SHEBOYGANYOUTHSAILING.COM



PARTICIPATION AGREEMENT WAIVER AND RELEASE OF LIABILITY

Risk: Sailing, like most sports, does involve an element of risk to injury. Students will be sailing in water deeper than they can stand, a sudden wind gust could cause their boat to capsize, parts on the boat can cause injury and exposure to the elements if not properly prepared can cause problems. In an effort to make sailing classes and sail boat racing as safe as possible, students will be instructed in rules which will reduce the risk. It is vital that the students follow the directions of the Instructors and SYSC rules, which will be explained at their first class.

Sheboygan Youth Sailing employs a Head Instructor trained in risk management and coaching, by the United States Yacht Racing Union. All instructors are current in Red Cross Standard First Aid and CPR.

Unrestricted usage: I give unrestricted permission for my image to be used in print, video, and digital media. I agree that these images may be used by the **SYSC** for a variety of purposes and that these images may be used without further notifying me. I do understand that my last name will not be used in conjunction with any video or digital images.

Acknowledgement: I have read the above information concerning risk involved in sailing and sail boat racing. I understand and assume the risk involved in participating in the sailing classes and/or sail boat racing.

I agree to wear a life jacket while participating in lessons and racing and will follow instructions of the instructors and boat owners. I will abide by the rules of the Sheboygan Youth Sailing Center and those rules established for the program or the racing event. I hereby release the Sheboygan Youth Sailing Club, Inc. the Sheboygan Yacht Club, its officers, members, instructors, or employees and the Sailing Education Association of Sheboygan from any liability arising from or connected with participation in the sailing classes and/or sail boat racing.

Student Name (please print)	Date
Address	Phone and Email
I have the following medical condition that the instructor should know about in the event of an emergency situation during class:	