

Vashaw Ent., Inc  
Washington Sailing Marina Summer Sailing Camp

**Acknowledgment of Risk**

All participants must read and sign this document and return the form at the time for class. If classes are being provided to a minor, then either a parent or legal guardian must read and sign this form. Your signature indicates that you understand and agree to the terms of the waiver.

I/we understand that my child must adhere to the program rules. This includes wearing a life jacket and shoes at all times when on or near the water. I/we also certify that my child is able to swim 50 yards unassisted and tread water for 5 minutes. I/we assume the obligations for the expenses of repair and/or replacement of damaged program equipment that is attributable to my child's reckless or irresponsible behavior. I understand that my child may be removed from the program without refund if his/her behavior is deemed inappropriate or unacceptable pursuant to the program rules

\_\_\_\_\_  
Initials

I/we agree to assume all risks associated with my child's participation in the Vashaw Ent., Inc Sailing Program. I/we acknowledge that sailing is a hazardous sport, which can cause bodily injury or death by numerous causes including, but not limited to drowning, hypothermia and other severe injury.

\_\_\_\_\_  
Initials

I/we hereby waive any right to claims and agree to hold harmless: Vashaw Ent. Inc, Washington Sailing Marina, Guest Services Inc, National Park Service ; the officers, employees and agents of these organizations from any and all liability for injury or death or other loss of any kind suffered by me or my child in connection with this program.

\_\_\_\_\_  
Initials

I/we have read and understand the contents of this liability Waiver Form.

\_\_\_\_\_  
Initials

Print Child's Name: \_\_\_\_\_

Child's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal guardian's Name (print) \_\_\_\_\_

Parent of Legal guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Pick up Authorization:** please list the people who are authorized to pick up you child from camp- please list a cell phone number .

1) \_\_\_\_\_ cell phone \_\_\_\_\_

2) \_\_\_\_\_ cell phone \_\_\_\_\_

3) \_\_\_\_\_ cell phone \_\_\_\_\_

4) \_\_\_\_\_ cell phone \_\_\_\_\_

This form must be filled out completely and handed in the first day of camp for participation in the program.