

**Washington Sailing Marina  
Sailing School Participant Medical Form**

Date of Class \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ cell number \_\_\_\_\_

Email \_\_\_\_\_ home number \_\_\_\_\_

Any known allergies or medical conditions  
\_\_\_\_\_

Currently Taking any medications \_\_\_\_\_

Emergency Contact :  
Name: \_\_\_\_\_ phone number \_\_\_\_\_

I, \_\_\_\_\_ authorized the director of the sailing program or their employees to sanction emergency treatment if the above named can be contacted at time of emergency. \_\_\_\_\_  
Signature date

**Liability Waiver**

All participants must read and sign this document. Your signature indicates that you understand and agree to the terms of this waiver.

I/we agree to assume all risks associated with 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 injuries.

\_\_\_\_\_  
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 Services, and the officers, employees and agents of these organization from any kind and all liability for injury or death or other loss of any kind suffered by me.

\_\_\_\_\_  
initials

signature \_\_\_\_\_ date \_\_\_\_\_

\_\_\_\_\_  
signature of legal guardian if participant is under 18 years of age

---