



2011 Summer Sailing Registration
Community Sailing of Colorado, Ltd. at the Cherry Creek Reservoir
A 501(c)(3) Nonprofit Organization

Sailor's Name _____ Age _____ Date of Birth _____

Parent/Guardian Name Printed _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Parent's Email Address _____

Emergency Contact 1 (Contact or Parent Name) _____ Business Phone _____

Emergency Contact 2 _____ Day Phone _____

Medical Concerns or Allergies _____

Name of School Youth attends _____

How did you find about Community Sailing of Colorado? *Please circle all that apply:*

Newspaper Camp Fair (Name) _____ Online Friend Boat Show Advertisement Other _____

Please describe the best sailing skill level for the Registrant: _____

If you have not sailed before with CSC, please label Beginner or the most appropriate level:

Novice (*never sailed*) **Beginner** (*sailed one week last summer*) **Intermediate** (*sailed the past couple of full summers, or has sailing experience*) **Advanced** (*sailed in a year around program or has sailed for several full summers*)

Please Mark Sessions Requested (See Brochure or visit www.communitysailing.org for Dates and Times):

Session(s) Requested _____ Date/Time(s) _____ Price \$ _____

Please send tuition and registration to: **Community Sailing of Colorado, Ltd.**
P.O. Box 102613
Denver, CO 80250-2613

I have enclosed a check for \$ _____ or please charge my MasterCard/Visa Credit Card for \$ _____

Name on Card _____

Account No. _____ CVV Code _____

Exp. Date _____ Signature _____

NO REFUNDS. Please remit the proper tuition with your registration. Reverse side must be Completed =>

**ASSUMPTION AND ACKNOWLEDGMENT OF RISKS
AND
RELEASE OF LIABILITY AGREEMENT**

In consideration of being allowed to participate in watersport events and activities and/or being provided with watersport recreational property or services, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, and for my/our heirs, personal representatives or assigns:

1. **ACKNOWLEDGMENT OF RISKS.** Acknowledge that some, but not all, of the risks of participating in the watersport activity include: (1) Changing water flow, tides, currents, wave action and ships' wakes; (2) Collisions with any of the following: other participants, the watercraft, other watercraft, and manmade or natural objects; (3) Wind shear, inclement weather, lightning, variances and extremes of wind, weather and temperature; (4) My sense of balance, physical coordination, ability to operate equipment, swim and/or follow directions; (5) Collision, capsizing, sinking or other hazard which results in wetness, injury, exposure to the elements, hypothermia, and/or drowning; (6) The presence of insects and marine life forms; (7) Equipment failure or operator error; (8) Heat or sun related injuries or illnesses, including sunburn, sunstroke or dehydration; (9) Fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of an accident.

2. **EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY.** Agree to assume responsibility for all the risks of the activity, whether identified above or not, (EVEN THOSE RISKS ARISING OUT OF THE NEGLIGENCE OF THE RELEASEES NAMED BELOW). My/our participation in the activity is purely voluntary. I assume full responsibility for myself and any of my minor children for whom I am responsible, for any bodily injury, accident, illness, paralysis, death, loss of personal property and expenses thereof as a result of any accident which may occur while I/we participate in the activity (EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE RELEASEES NAMED BELOW).

I agree to wear a US Coast Guard approved personal flotation device (life jacket) while participating in the activity or riding in any watercraft

3. **RELEASE.** I hereby release **Community Sailing of Colorado, Ltd.**, its principals, directors, officers, agents, employees and volunteers, their insurers, the City of Westminster, Cherry Creek Marina, Inc., Denver Sailing Association and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted ("owner") and their insurers, if any, (Collectively "Releasees") **FROM ANY AND ALL LIABILITY OF ANY NATURE FOR ANY AND ALL INJURY OR DAMAGE (INCLUDING DEATH) TO ME OR MY MINOR CHILDREN AND OTHER PERSONS** as a result of my/our participation in the activity, **EVEN IF CAUSED BY THE NEGLIGENCE OF ANY OF THE RELEASEES NAMED ABOVE, OR ANY OTHER PERSON (INCLUDING MYSELF).**

I HAVE READ THIS ASSUMPTION AND ACKNOWLEDGMENT OF RISKS AND RELEASE OF LIABILITY AGREEMENT. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM WAIVING VALUABLE LEGAL RIGHTS, INCLUDING ANY AND ALL RIGHTS I MAY HAVE AGAINST THE OWNER, THE OPERATOR NAMED ABOVE, OR THEIR EMPLOYEES, AGENTS, SERVANTS OR ASSIGNS.

Participant's (Sailor) Signature _____

Emergency Contact _____ Phone _____

List any known allergies to plants, insects or medications (if more space is required, attach extra pages)

Parent or Legal Guardian Name (printed)

If participant is under 18, the parent or legal guardian must also

sign _____ DATE _____

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