

QUINTE SAILABILITY DEVELOPMENT TRAINING INC. RELEASE OF
LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND
INDEMNITY AGREEMENT

Print Your Name Here: _____

ASSUMPTION OF RISKS:

I am aware that there is potential risk for personal injury involved in participation in any physical activity. I freely accept and fully assume all such risks, dangers and hazards, including but not limited to: bumps, bruises, cuts, scrapes, concussion, broken bones, infections, abrasions, hypothermia, and the possibility of personal injury, death, property loss resulting from my participation in this Quinte Sailability Development Training Inc. sailing activity.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:

In consideration of approval to participate in Quinte Sailability Development Training Inc's sailing activity, I hereby agree as follows:

To waive any and all claims that I have or may in the future have against Quinte Sailability Development Training Inc., its directors, officers, employees, volunteers, representatives, other participants and partner organizations all of whom are hereinafter collectively referred to as "The Releasees;"

To release the Releasees from any and all liability for any loss, damage, injury or expense that I suffer, or my next of kin may suffer as a result of my participation in this sailing activity due to any cause whatsoever including negligence, breach of contract or breach of any statutory or other duty of care. I acknowledge my responsibility to ensure adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions;

To hold harmless and indemnify the releasees from any and all liability for any damage to property of, or personal injury to, any third party resulting from my participation in this sailing activity;

This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity;

In entering into this agreement, I am not relying upon any oral or written representations or statements made by the releasees other than what is set forth in this agreement.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Print Participants Name: _____

Date: _____ Signature: _____

Date: _____ Witness Signature: _____

Signature of Parent or Guardian: _____

(if participants is under 19 years of age)

MEDICAL RELEASE:

I grant permission to Quinte Sailability Development Training Inc. and/or their designees to proceed in any manner they deem necessary in the case of a medical emergency involving myself. I am releasing the right for this information to be shared with volunteers, employees and/or medical staff who are in contact or responsible for my participation in the program.

Date: _____ Signature: _____

Date: _____ Witness Signature: _____

Signature of Parent or Guardian: _____

(if participants is under 19 years of age)

PHOTOGRAPH RELEASE (OPTIONAL):

Quinte Sailability Development Training Inc. and their designates often take photographs/videos of participants and staff while programs are operating. I, _____ give my permission for photographs/videos to be taken of myself, for these photographs/videos to be used for promotional/training/educational reasons all without compensation. All such photographs/videos shall constitute the property of Quinte Sailability Development Training Inc. *Important Reminder:* Photos, images and media may appear in electronic form on the Internet or in other publications outside of Quinte Sailability Development Training Inc's control.

Date: _____ Signature: _____

Date: _____ Witness Signature: _____

Signature of Parent or Guardian: _____

(if participants is under 19 years of age)

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