



**Camper Information**

What Sailing experience do you have?

- When, where, what kind of boat? \_\_\_\_\_
- Racing Experience \_\_\_\_\_

What do you want to learn about sailing during Sailing Camp? \_\_\_\_\_

\_\_\_\_\_



**United States Sailing Center  
Long Beach, California**

5489 East Ocean Boulevard, Long Beach, CA 90803  
Tel.: (562) 433-7939 ♦ Fax: (562) 433-3668

**AGREEMENT AND RELEASE FROM LIABILITY**

**1. VOLUNTARY PARTICIPATION**

I acknowledge that I have voluntarily agreed to participate in an event at the Pacific Coast Sailing Foundation facility involving the use of a sailboat and/or a powerboat.

**2. ASSUMPTION OF RISK**

**I AM AWARE THAT MOVING, LAUNCHING, HOISTING, LOWERING, SKIPPERING, CREWING OR BEING A PASSENGER ABOARD A SAILBOAT OR A POWERBOAT AT THE US SAILING CENTER – LONG BEACH, CA AND IN THE WATERS OF ALAMITOS BAY OR THE PACIFIC OCEAN IN THE LONG BEACH AREA ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED. I AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_**

**3. RELEASE**

As consideration for being permitted by Pacific Coast Sailing Foundation (PCSF) to participate in this activity and to use its facility and equipment furnished by PCSF or others, I agree that my heirs, assigns, distributees, guardians and representatives and I release PCSF and the City of Long Beach (the City) and all of their affiliated organizations and their officers, directors, employees, members and volunteers (collectively, the Releasees) from all actions, claims or demands that I, my heirs, assigns, distributees, guardians and representatives now have or may hereafter have for injury, death or damage resulting from my participation in this activity. I, my heirs, assigns, distributees, guardians and representatives will not make any claims against or sue the Releasees or any of them for injury, death or damage resulting from the negligence or other acts, howsoever caused by any employee, agent or contractor of PCSF, the City or any of their affiliated organizations as a result of my participation in this activity.

**4. KNOWING AND VOLUNTARY SIGNING OF THIS DOCUMENT**

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PCSF, THE CITY AND THEIR AFFILIATED ORGANIZATIONS, AND MYSELF. I AM SIGNING THIS DOCUMENT OF MY OWN FREE WILL.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
\_\_\_\_\_  
Address

(Over)

## DECLARATION OF WITNESS

I certify that \_\_\_\_\_ acknowledged in my presence that he/she has read and fully understands the meaning and consequences of the foregoing release, and has signed it in my presence.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

## AGREEMENT AND RELEASE OF PARENT OR GUARDIAN (In the event the participant is not 18 years old or older)

I am the parent or legal guardian of \_\_\_\_\_

I request that my child be permitted to participate in the manner described above. In consideration of such permission being granted, I agree to all of the terms and conditions of the preceding page.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address