



# 2021 Charleston Community Sailing Inc.

2021 Medical & Liability Release Form

[www.charlestoncommunitysailing.org](http://www.charlestoncommunitysailing.org)

Students Name:		Birthdate:	
Address:			
City, State, Zip			
Email:			
Day Phone:		Evening Phone:	
<input type="checkbox"/> Check here ONLY if you do NOT want to be photographed.			
Doctor Name:		Phone:	
Medical Plan:		Medical Plan #:	
Allergies (food or medication), or special instructions:			
Emergency Contact/Phone:			

Please email to [info@charlestoncommunitysailing.org](mailto:info@charlestoncommunitysailing.org) or mail: P.O. Box 21811, Charleston, SC 29413

**Acknowledgement of Risk:** I understand that given the specific nature of sailing instruction and the current health risks related to COVID-19 that certain dangers are endemic to the Charleston Community Sailing Inc. program. The risks include, but are not limited to, illness from current and unknown contagions and injuries caused by terrain, facilities, temperature, weather, condition of participants, equipment, actions of other people including, but not limited to, participants, volunteers, coaches, and lack of hydration.

**Release:** I hereby agree to hold harmless and indemnify the Charleston Community Sailing Inc. and Safe Harbor Charleston City its officers, directors, employees, and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in anywise connected with the operation of the Charleston Community Sailing Inc. or any activities, events on or the use of any facilities or equipment of Charleston Community Sailing Inc. During allotted program time, I allow my child permission to walk to other businesses in the marina, such as the North Sail Loft, Safe Harbor Charleston City, Charleston Yacht Club.

**Certification of Swimming Skills:** I the undersigned parent or legal guardian does hereby certify our child can swim unaided for 40 yards and tread water. Not applicable for guppy sailing.

**Parental Agreement:** I understand that I am responsible for my child's behavior and conduct while at the Charleston Community Sailing Inc. and will see to it that my child adheres to the program rules and policies, including any and all COVID-19 related safety measures required by the Organization. I agree to assume the obligation for expenses of repair and/or replacement of program equipment that is attributed to my child's reckless or irresponsible behavior and the expense of medical care if our child is injured. I agree to make an appointment for a parent/instructor or coach conference if requested.

**I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE, WAIVER FROM LIABILITY, AND INDEMNIFICATION.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date