



Disabled Sailing Association  
of British Columbia

Disabled Sailing Association of BC – Okanagan Branch (DSA)  
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Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_ Cell phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 Best e-mail for communication \_\_\_\_\_ DOB \_\_\_\_\_  
 Where did you learn about DSA? \_\_\_\_\_

**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 DSA activity. I am also aware that I should discuss my participation in this activity with my physician to determine the effect on my current health.

**Release of liability, waiver of claims and indemnity agreement:**

In consideration of approval to participate in DSA’s sailing activity, I hereby agree as follows:

\_\_\_\_\_ To waive any and all claims that I have or may in the future have against DSA and the Kelowna Yacht Club, their directors, officers, employees, volunteers, representatives and other participants 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.

Participant’s Name (Print clearly) \_\_\_\_\_

Date \_\_\_\_\_ Signature (Mandatory) \_\_\_\_\_

Date \_\_\_\_\_ Witness Signature (Mandatory) \_\_\_\_\_

**MEDICAL INFORMATION AND RELEASE**

In the case of an unforeseen medical emergency, DSA BC Okanagan needs the authority to proceed as the situation dictates. This might take the form of a call to your family doctor or dentist or a visit to the nearest medical facility.

Care Card No. \_\_\_\_\_  
 Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact 1: \_\_\_\_\_ Best Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Emergency Contact 2: \_\_\_\_\_ Best Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## MEDICAL RELEASE

I grant permission to DSA and/or their designates 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, staff, and/or medical staff who are in contact or responsible for my participation in the program.

Date _____	Signature (Mandatory) _____
Date _____	Witness Signature (Mandatory) _____

## Volunteer Commitment

Sailors, how much time are you interested in committing to DSA? A "session" is 75 minutes dock to dock and you might be asked to come a few minutes early or stay late to help with rigging/de-rigging the boats.

Please check the best answer:

- 1 session per week best day(s) \_\_\_\_\_
- 1 session per 2 weeks best day(s) \_\_\_\_\_
- Occasional best day(s) \_\_\_\_\_
- 1 morning per week (9-12) best day(s) \_\_\_\_\_
- 1 afternoon per week (12:30-4:30) best day(s) \_\_\_\_\_
- Wednesday evening racing
- Other \_\_\_\_\_

What dates do you know you will be unavailable (between beginning of May and end of September)?

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## Volunteer Qualifications

Do you have your Pleasure Craft Operator Card (PCOC)? Yes\_\_ No\_\_

If not, might you be interested in taking a course to get it? Yes\_\_ No\_\_

Do you have your Restricted Operator's Certificate (Maritime) (VHF radio licence)? Yes\_\_ No\_\_

If not, might you be interested in taking a course to get it? Yes\_\_ No\_\_

Please describe your sailing experience. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have experience operating power boats? Yes\_\_ No\_\_

Would you be willing to operate the Coach Boat? Yes\_\_ No\_\_