



Disabled Sailing Association
of British Columbia

Disabled Sailing Association of BC – Okanagan Branch (DSA)

1414 Water St., Kelowna BC V1Y 1J1

www.disabledsailingkelowna.ca

tracy.dsa@gmail.com

DSA Cell 250-300-5833 Tracy home 250-861-7033 cell 260-878-4772

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) _____

SIGNATURE OF PARENT/GUARDIAN _____ (if participant is under 19 years of age, or if parent/guardian has legal committeeship or a representation agreement is in place.

If you are signing for someone who is 19 years of age or older, do you have legal committeeship or a representation agreement in place? YES _____ Initials _____

DSA policies

- Sessions will run in all weather conditions so be dressed appropriately
- If excessive winds or lightning prevent going on the water, a land lesson will be given
- 24 hour written notice is required to prevent being charged for a session – text 250-300-5833 or email
- Sessions must be paid for prior to sailing, by cheque or e-transfer to tracy.dsa@gmail.com.

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 a visit to the nearest medical facility.

Name _____	Care Card No. _____	Weight _____	
Family Doctor: _____	Phone: _____	Family Dentist: _____	Phone: _____
Emergency Contact 1: _____	Best Phone: _____	Relationship: _____	
Emergency Contact 2: _____	Best Phone: _____	Relationship: _____	
Nature of Disability/ Medical/Health concerns (please describe) _____			

Medications and/or allergies: _____			

First aid or personal care instructions: _____			

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 (or my child/ward). 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 (or my child/ward's) participation in the program.

Date _____	Signature (Mandatory) _____
Date _____	Witness Signature (Mandatory) _____
SIGNATURE OF PARENT/GUARDIAN _____ (if participant is under 19 years of age, or if parent/guardian has legal committeeship or a representation agreement is in place.	
If you are signing for someone who is 19 years of age or older, do you have legal committeeship or a representation agreement in place? YES _____ Initials _____	

PHOTOGRAPH RELEASE (optional)

DSA and their designates often take photographs/videos of participants and staff while programs are operating. These pictures may be used for promotional purposes, training and public education. I, _____ give my permission for photographs/videos to be taken of myself/my child/ward _____ and for these photographs/videos to be used for promotional / training/ educational reasons.

Date _____	Signature (Mandatory) _____
Date _____	Witness Signature (Mandatory) _____
SIGNATURE OF PARENT/GUARDIAN _____ (if participant is under 19 years of age, or if parent/guardian has legal committeeship or a representation agreement is in place..	
If you are signing for someone who is 19 years of age or older, do you have legal committeeship or a representation agreement in place? YES _____ Initials _____	