



Disabled Sailing Association
of British Columbia

2010 Sailor Registration

Please forward this application to:

Eric Molendyk
Disability Foundation
207 - 3077 Granville Street
Vancouver, BC V6H 3J9

604-688-6464 ext. 117
eric@disabilityfoundation.org

The Disabled Sailing Association of British Columbia (DSA) provides people with disabilities the opportunity to become active participants in an exciting outdoor sport.

Personal Information

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (home): _____ (cell): _____ Email: _____

Date of Birth: _____

Medical History

Nature of Disability (Please explain in detail): _____

Mobility Aids: Wheelchair Scooter Crutches Cane Other _____

Medications & Allergies (Please explain in detail): _____



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Emergency Contacts

In case of emergency, please contact:

	Name	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Other Information

Relevant Experience: _____

Where did you learn about DSA? _____

Do you know of anyone who might be interested in volunteering with DSA-BC? _____



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Participant's Medical Waiver

I grant permission for The Disabled Sailing Association of BC and/ or it's designates to proceed in any manner they deem necessary in the case of a medical emergency involving my child/ward or myself. I am releasing the right for this information to be shared with volunteers, recreation staff, and/ or medical staff who are in contact or responsible for myself or my child/ ward's participation in the activities, programs or excursions at or with the Disabled Sailing Association of BC.

Signature of participant

Date

Parent/guardian

Date

Witness

Date



Disabled Sailing Association
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Release of Liability, Waiver of Claims, Assumptions of Risks and Indemnity

*By signing this document, you will waive certain legal rights
including the right to sue. Please read carefully.*

To: Disabled Sailing Association of British Columbia

Assumption of Risks:

I am aware that sailing, including receiving sailing instruction, assistance and/ or lessons, involves many inherent risks, dangers and hazards, including but not limited to, climbing aboard and disembarking vessels, weather conditions, impacts with debris and other vessels, objects or equipment used in connection with sailing and the instruction thereof, the failure to follow safety procedures or sail within one's own ability or within designated areas, negligence of other sailors and negligence on the part of DISABLED SAILING ASSOCIATION OF BRITISH COLUMBIA, its members, directors, officers, volunteers, agents, representatives, employees, and assigns. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting there from.

Release of Liability, Waiver of Claims, and Indemnity:

In consideration of DISABLED SAILING ASSOCIATION OF BRITISH COLUMBIA ACCEPTING MY APPLICATION to participate in sailing activities and permitting me to use its vessels, equipment and other facilities including but not limited to receiving sailing instruction, assistance and/ or lessons (the "sailing facilities") I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS: that I have or may have in the future against DISABLED SAILING ASSOCIATION OF BRITISH COLUMBIA, it's members, directors, volunteers, officers, agents, representatives, employees and assigns (collectively the "Releases");
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my use or my presence on the Sailing Facilities due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT R.S.B.C., 1979, C 303, AS AMENDED, ON THE PART OF THE RELEASEES;
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any liability for any damage to property of, or personal injury to, any third party, resulting from any use of or presence on the Sailing Facilities.

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

I have read and understood 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 Releases.

****Note:** A parent, guardian, and/ or trustee, committee must also read this form and sign below if the participant is under 19 years of age and/ or the participant has a legal representative (i.e. trustee, committee) appointed on his or her behalf.

Date _____

Participant Signature _____ Print Name _____

Signature of Parent/ Guardian _____ Print Name _____
(If participant is under 19 years of age)

Witness _____ Print Name _____

To find out more about DSA visit www.disabilityfoundation.org/dsa