



Disabled Sailing Association  
of British Columbia

# 2011 Sailor Registration

**Please forward this application to:**

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

Fax: 604-688-6463  
[eric@disabilityfoundation.org](mailto: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): \_\_\_\_\_ (work): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

**We make all program updates via email – please indicate if you do *not* have email.**

## Medical History

Nature of Disability (Please explain in detail): \_\_\_\_\_

\_\_\_\_\_

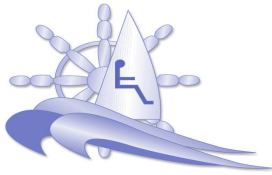
\_\_\_\_\_

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, Image Consent

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**

Consent for use of name or image in electronic or print reproductions:

In consideration of the Society accepting this application, I, \_\_\_\_\_ ,  
or the parent/guardian of \_\_\_\_\_ (applicant), give my consent to have  
my name and/or image stored and reproduced by the Society for Society promotional and  
informational purposes. Reproduction consent includes release for use in Newsprint and  
Newsmagazine articles, newsletters, and submissions to third parties.



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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 \_\_\_\_\_

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More info: 604-688-6464 ext. 117 or [www.disabledsailingbc.org](http://www.disabledsailingbc.org)