

Harbour Sailing Club, Inc.

Harbour Sailing Club, Inc. - Youth Sailing Program

Release, Waiver of Liability, Medical / Transport Authorization

The Harbour Sailing Club, Inc. (HSC) aka Sail Queen's Harbour, is organized as a not for profit 501c3 Charitable Foundation for the purpose of introducing, training and promoting youth sailing and related boating activities by sponsoring membership programs and activities for youth of Queen's Harbour, their families and community.

I understand the activities and risks involved in youth sailing programs and activities and enroll my child, a minor, as a HSC Junior Sailing Member in accordance with the applicable sailing membership program's terms and fees.

I authorize HSC officers and agents / staff instructors to arrange for medical treatment and / or transportation of my child in case of accident or illness. I understand that I shall be responsible for the costs of such treatment and transportation. I understand that photographs may be taken of me or my child for use in Harbour Sailing Club promotions and I authorize their use for such purposes,

I certify that my child is healthy and fit for the programs, and I understand the risks with COVID – 19 virus in the community. I will not allow my child to attend the program on a sailing day when my child has a fever or is otherwise unwell. My child will comply with all protocols established by the Club, following community guidelines, for the safety and health of youth and instructors, with the understanding that HSC cannot guarantee no risk.

Special health conditions / Attention Sailing Staff: _____

I agree that my child shall be required to wear a USCG approved Life Jacket at all times when in and around docks and when sailing.

To the extent allowed by Florida General Laws, I waive any liabilities the the Harbour Sailing Club, Inc., the Queen's Harbour Property Owners' Association, Queen's Harbour Yacht Club or Club Corp of America, its officers, directors, agents, or employees might have for any accident or illness to me or my child arising directly or indirectly out of any HSC program.

A waiver must be completed identifying each youth participating in an HSC program. The waiver for such you will continue to be applicable to all future HSC programs.

Youth Sailor(s) Name(s) & Age(s) _____

Parent / Guardian Signature: _____ Date: _____

Address: _____

Email: _____ Phone: _____