

# **Coastal Sailing Adventures Inc./ Dream Catcher**

28555 Jolly Roger Drive  
Little Torch Key, FL 33042  
Email- saildreamcatcher@mindspring.com

## **Snorkeling/Sailing Consent and Release from Liability**

### **COASTAL SAILING ADVENTURES INC./RAISE THE MAIN INC./Dream Catcher**

*Activity: Organized, supervised, sailing, snorkeling, rowing & excursions on the water, of the organization named above.*

#### **INSTRUCTIONS**

- 1. PERSONS AGE 18 AND OVER, COMPLETE PART A ONLY.**
- 2. PERSONS UNDER AGE 18 MUST SIGN PART A AND HAVE PARENT OF GUARDIAN SIGN PART B.**

### **PART A – CONSENT AND RELEASE FROM LIABILITY**

*By participating in the activities defined above, I agree to observe in spirit and practice the following conditions for participation from the outset to the conclusion of my active participation:*

- 1. I currently have no known physical or mental condition that would impair my capability for full participation as intended and expected of me.*
- 2. I understand and appreciate that participation in sailing, snorkeling & rowing activities despite all reasonable precautions implemented for my safety as a participant, carries a risk of serious injury, including death. I also understand and appreciate that controlling that risk is a responsibility that as a participant I must share. Consequently unless I have expressed a particular safety concern to an appropriate responsible person associated with these activities, by my continued participation, I am acknowledging that the risks of injury from my participation are acceptable to me. Further, if I am injured, become ill, or suffer any other personal loss while involved in these activities, I and my family hold harmless the organization named above and the persons given responsibility for the conduct of the activity and the rendering of services to me in association with my participation, excepting occurrences resulting from gross negligence and wanton intentional misconduct.*
- 3. I give consent for the organization named above to provide medical attentions, transportation, meals and emergency medical services as warranted. I choose to obtain these attentions and services from other than provide it. I accept full responsibility for such actions and their consequences.*

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### **Part B PARENT /GUARDIAN CONSENT (If participant is under 18)**

***I have been given the opportunity to explain to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her registration for this activity under the above stipulated conditions.***

Name \_\_\_\_\_ SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_