



POINT OF PITTSBURGH
SAILING LEAGUE

A new Pittsburgh-based sailing program offered by area sailors

REGISTRATION

Student Information:

Name

Address

City

State

Zip Code

School

Grade

Age & Date of Birth

Cell Number

Email Address

Previous Sailing Experience (If Any)

Parent/Guardian Name Info:

Name

Address (if different)

City

State

Zip

Code

Cell Phone

Work Phone

Home Phone

E-Mail

PROGRAM COST: \$200.00 per student

EMERGENCY CONTACT INFORMATION

Student Name _____

Name	Relationship to Student
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Cell Phone	Work Phone	Home Phone
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Insurance Company	Policy / Group #
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Secondary Emergency Contact Information:

Name	Cell Number	Relationship to Student
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Email Address _____

Medical Information:

Does the child have any disease or recent surgeries? If YES, please explain. YES NO

Does the child take any medication? If YES, please list. YES NO

Does the child have any allergies? If YES, please list. YES NO

Please describe any additional medical conditions that may affect your participation in DC Sail activities:

I hereby acknowledge that all known medical conditions, surgeries, and medications have been listed or described in this form. I consent to receive treatment in the event of my injury, accident or illness during any PPSL activity.

Name (Print) (If under 18 parent or Guardian)	Signature	Date
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NOTE: All medical information disclosed in this form will remain confidential to PPSL.

PERMISSION FOR STUDENT TO SELF-ADMINISTER ASTHMA OR ALLERGY TREATMENT

(Only for students with Self-administer Asthma or Allergy Treatment)

I understand that the Point of Pittsburgh Sailing League Sailing Program does not administer any medications to students, other than Epi-pens or similar allergy devices which may be administered by appropriately trained staff in emergencies.

I, _____, the parent or guardian of _____, a minor child, deem him/her competent to self-administer the following treatments for his/her asthma or allergy, and, in the case of Epi-pens or similar allergy devices, I hereby authorize appropriately trained staff to administer such devices in emergencies, and further hereby waive and release any and all right and claim that I or my child may have against the Point of Pittsburgh Sailing League their officers, directors, agents, employees, and members, for any such self-administration or administration by staff in emergencies.

Please List Treatments:

I also understand that any inhaler or Epi-pen will be sealed in a waterproof bag and attached to my child's PFD, or zipped in a pocket thereof, in such a manner as to eliminate the possibility of the bag becoming entangled in sailing equipment.

Signature of Parent or Guardian

Date

NOTE: All medical information disclosed in this form will remain confidential to PPSL.

RETURN COMPLETED & SIGNED FORM TO:
Point of Pittsburgh Sailing League PO Box 24526 |
Pittsburgh PA 15234

PPSL — OFFICIAL USE ONLY:

Waiver Form: _____ Medical Emergency Contact Form: _____
Swim Form: _____ Asthma or Allergy Form: _____

Point of Pittsburgh Sailing League

CONSENT AND RELEASE OF LIABILITY

AND

COVID-19 -- WAIVER AND RELEASE OF LIABILITY

For and in consideration of the **Point of Pittsburgh Sailing League** (the "Organization") allowing me, the undersigned, to participate in any capacity in an Organization sanctioned, licensed, or approved event or activity ("Event" or "Events"); I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns, hereby agree to and make the following contractual representations pursuant to this Agreement (the "Agreement"):

- A. **RULES AND REGULATIONS:** I hereby agree to abide by the rules, regulations, and policies of the Organization as provided in the PPSL Parent/Student handbook, including the PPSL COVID-19 Protocol.
- B. **ACKNOWLEDGMENT OF RISK:** I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of sailing, and that participation in any Organization involves risks and dangers including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases such as COVID--19), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants or natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks").
- C. **ASSUMPTION OF RISK:** I understand that the aforementioned Risks may be caused in whole or in part or result directly or indirectly from the negligence of my own actions or inactions, the actions or inactions of others participating in the Events, or the negligent acts or omissions of the Released Parties defined below, and I hereby voluntarily and knowingly assume all such Risks and responsibility for any damages, liabilities, losses, or expenses that I incur as a result of my participation in any Events. I also agree to be responsible for any injury or damage caused by me or any agents under my direction and control at any Event.
- D. **RELEASE AND INDEMNITY:** In consideration of my participation in any Event, I hereby release from liability and waive any claims against the owner or organizer of the Event, its licensees, competition managers, promoters, sponsors, advertisers, beneficiaries, venue providers, and supporting organizations, together with the officers, directors, employees, volunteers and contractors of them (the "Released Parties" or "Event Organizers"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss, or expense (including court costs and reasonable attorney fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the Events, including claims for Liability caused in

whole or in part by the negligent acts or omissions of the Released Parties. Further, I agree to indemnify, defend, and hold harmless the Released Parties and Event Organizers against and from any and all Liability imposed on, incurred by, or asserted against any

- E. Released Party or Event Organizer resulting from, arising out of, in connection with, or relating to my breach of this Agreement.
- F. FINANCIAL RESPONSIBILITY: I agree to assume financial responsibility for any health or other personal loss incurred while participating in activities that are not covered by my insurance and other insurance coverage that may be provided to all participants in these Activities.
- G. PHOTOGRAPHY AND VIDEO OF PARTICIPANT - I hereby give permission to the PPSL to photograph or video me while engaged in Activities and to use such photographs or video in PPSL promotional and fund-raising materials, including without limitation on the PPSL web site, and in membership packages, brochures, magazine, video, television, newspapers, newsletters and publications of program sponsors. The photograph or video may or may not contain a caption identifying any individuals
- H. COMPLETE AGREEMENT AND SEVERABILITY CLAUSE: This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE, WAIVER FROM LIABILITY, AND INDEMNIFICATION PROVISION.

By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor's) participation in any Event.

Participant(s) Name(s), Printed: _____

Parent/Legal Guardian Signature (required if participant is under the age of 18):

Parent/Legal Guardian Printed Name: _____

Date: _____