



# HUESTON SAILING ASSOCIATION

## INTRO TO SAIL REGISTRATION FORM

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Preferred Class Date you wish to attend (Class size limited to 12):

May 20 \_\_\_\_\_ June 24 \_\_\_\_\_ July 22 \_\_\_\_\_ August 19 \_\_\_\_\_

Fee: \$75.00 for individual; add a partner for \$50 each and add children 17 and under for \$25 each. (Maximum \$175 per family)

Make check payable to **Hueston Sailing Association** and send it with this completed form and signed release of liability and waiver agreement to:

Brett Hart, 223 Western Ave., Brookville, OH 45309

Phone: 937-272-5565

Email: bretttrhart@aol.com

**Since 1956 HSA has been training sailors young and old. Can you help us with a little more information so we can best tailor our sailing programs and activities?**

Do you own a sailboat now? \_\_\_\_\_ If so, tell us about that boat \_\_\_\_\_

Type of boat interested in sailing:

Daysailer/Dinghy \_\_\_\_\_ Cruiser \_\_\_\_\_ Catamaran \_\_\_\_\_

Would you like to be on HSA's on-line newsletter mailing list? \_\_\_\_\_

How did you find out about HSA's *Learn to Sail* Program: \_\_\_\_\_

Let us know if you are interested in using HSA's Share Fleet of boats once you learn to sail. You can have access to those boats by learning to sail, passing a certification test, and joining our club.

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# HSA RELEASE OF LIABILITY and WAIVER AGREEMENT

In consideration of the acceptance applicant as a student or participant (Participant) in the Hueston Sailing Association Sailing School classes and activities (the School), Participant, or parent/guardian of Participant, by signing this waiver form hereof agrees that the School, sponsors or supporters of the School, the State of Ohio, and any and all other persons or entities involved in the School, together with all their agents or volunteers SHALL NOT BE LIABLE for the death or injury to Participant, for any loss due to theft of or damage to the property of Participant, or for any other consequential or incidental damages in any manner whatsoever where any such liability is attributable to the absence of ordinary or even slight care by the School in the conduct of the School activities. Participant, or parent/guardian of Participant, further agrees not to bring or cause to be brought any suit on any such claim or course of action and acknowledges that the releases and waivers referred to herein shall apply regardless of whether liability is asserted on the basis of contract, strict liability or ordinary gross negligence. Participant, or parent/guardian of Participant, further acknowledges that the execution of this Release and Waiver is continuing in nature and that it is his/her free and voluntary act.

Furthermore, Participant or parent/guardian of Participant does hereby grant full permission to the School to use any photographs, videotapes, motion pictures, recordings or other records of the activities of the School and to do so without compensation to Participant or parent/guardian of Participant. This Release and Waiver shall be construed under the laws of the State of Ohio. SIGNATURE BY PARTICIPANT, OR PARENT/GUARDIAN OF PARTICIPANT, VERIFIES THAT HE/SHE READ AND FULLY UNDERSTANDS THE FOREGOING and further certifies that the information provided by Participant or parent/guardian of Participant on his/her entry form is true and complete.

Participant's Signature \_\_\_\_\_

Participant's Name (Printed) \_\_\_\_\_

Date \_\_\_\_\_

## For Participants Under 18

Parent/Legal Guardian Signature \_\_\_\_\_

Parent/Legal Guardian Name (Printed) \_\_\_\_\_

Date \_\_\_\_\_