



2024 - HUESTON SAILING ASSOCIATION INTRO TO SAIL REGISTRATION FORM

Name _____
Address _____
City _____ State _____ Zip _____
Mobile _____ Alternate phone _____
E-mail _____

2024 Season Preferred Class Date you wish to attend (Class size limited):

May 18 _____ June 22 _____ July 20 _____ August 17 _____

Fee: \$100.00 for individual; add a partner for \$50 each and add children 17 and under for \$25 each. (Maximum \$200 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 of all ages. Please provide us with more information so we can best tailor our sailing programs and activities.

Do you own a sailboat now? _____ If so, type of sailboat _____

Type of boat interested in sailing: Daysailer _____ Cruiser _____ Catamaran _____

Would you like to be on HSA's online newsletter mailing list? _____

How did you find out about HSA's Program? _____

_____ swimming ability: Novice ___ Intermediate ___ Proficient ___

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- Novice swimmers can paddle and kick in coordination but may also need assistance when swimming.
 - Intermediate swimmers can move forward without assistance but may need to improve their endurance and technique.
 - Proficient swimmers can swim the length of a 25-yard pool without stopping and have proficient front and backstroke skills.
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Specific criteria for drop-off and pick-up location (if applicable): _____

Emergency contact information: _____

**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 _____ (Printed) _____ (Date) _____

Signature _____ (Printed) _____ (Date) _____

Signature _____ (Printed) _____ (Date) _____

For Participants Under 18

Parent/Legal Guardian
Signature _____ (Printed) _____ (Date) _____

Signature _____ (Printed) _____ (Date) _____

Medical information comfortable with public sharing (if applicable): _____

Note: Life jackets must be worn by students and instructors.
