



HUESTON SAILING ASSOCIATION

LEARN TO SAIL REGISTRATION FORM

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

Preferred date for lesson: Choose date(s) you are available. Some Saturdays are possible, but there are plenty of weekday options. Please also choose a back-up date in case of inclement weather.

Date preferred _____
Back-up date _____

These are one-on-one private lessons for you, or for you and a partner, in the same boat. Fee for a single lesson: \$75.00 for individual; add a partner for \$50. Fee for three lesson package: \$175 for individual; add a partner for \$75.

Make check payable to **Houston 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.



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 _____