

2024 - HUESTON SAILING ASSOCIATION LEARN TO SAIL REGISTRATION FORM

Name			
Address			
CityState	StateZip		
Mobile Alter			
E-mail			
These are one-on-one private lessons. The fee for a single a package consisting of 3 lessons is \$250. Note: Student's			
Choose the date(s) you are available. Some Saturdays are are preferred. Please also choose a backup date(s) in case			
Date(s) preferred: : : :	: : :		
Date(s) preferred:;;	· · · · · · · · · · · · · · · · · · ·		
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Make check payable to Hueston Sailing Association are form and signed release of liability and waiver agreement Brett Hart, 223 Western Ave., Brookville, OH 4530 Phone: 937-272-5565 Email: brettrhart@aol.com Since 1956, HSA has been training sailors of all ages. Please information so we can best tailor our sailing programs are Do you own a sailboat now? If so, type of sailboat Type of boat interested in sailing: Daysailer Cruise Would you like to be on HSA's online newsletter mailing lithow did you find out about HSA's Program? Students' swimming ability: Novice Intermediate	ase provide us with more nd activities. er Catamaran ist?		
 Novice swimmers can paddle and kick in coordination but making. Intermediate swimmers can move forward without assistance endurance and technique. Proficient swimmers can swim the length of a 25-yard pool of the front and backstroke skills. 	ce but may need to improve their		
Specific criteria for drop-off and pick-up location (if applic Emergency contact information: Note: Life jackets must be worn by students and instructo			

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)
	For Participants Under 18	
Parent/Legal Guardian		
Signature	(Printed)	(Date)
Medical information com	fortable with public sharing (if ap	oplicable):
Note: Life jackets must be	e worn by students and instructor	rs.