

By submitting this application, each participant hereby agrees to our attached waiver. Each participant must complete/sign and return this waiver with the registration.

Payment may be made via PayPal through our website or via check payable to Treasure Coast Youth Sailing Foundation and sent to:

P. O. Box 1783
Fort Pierce, FL 34954

Please include your "team name/TCYSF Raft Race" in the memo section of your check.

Thanks for your support and have fun!!!

Print Name Captain

Sign Name Captain

Print Name 1st Crew Member

Sign Name 1st Crew Member

Print Name 2nd Crew Member

Sign Name 2nd Crew Member

Print Name 3rd Crew Member

Sign Name 3rd Crew Member

Print Name 4th Crew Member

Sign Name 4th Crew Member

Treasure Coast Youth Sailing Foundation, Inc.
RELEASE AND WAIVER OF LIABILITY

Name of Participant (print) _____ Date of Birth: _____

I wish to participate in sailing events sponsored by the Treasure Coast Youth Sailing Foundation, Inc. (hereafter TCYSF) from time to time.

I fully understand that boating, sailing and water related activities are or can be dangerous activities and I wish to participate in these activities knowing they are or can be dangerous. I accept and assume all the risks of injury including death to myself or damage to my property.

I represent to TCYSF and the City of Fort Pierce, that I have no undisclosed physical or mental imparity.

I am fully cognizant of the risks of boating, sailing and water related activities, and I understand and agree that the TCYSF and the City of Fort Pierce on-shore and off-shore facilities, including but not limited to hoists, storage facilities, launching ramps, docks, and moorings shall be used solely at my own risk.

In exchange for being permitted to participate in these activities I hereby release and agree not to make or bring any claim of any kind against TCYSF or the City of Fort Pierce, their officers, directors, members, employees or guests, or any landowners, landholders, or other persons making property available to or for TCYSF, for any injury, including death, to myself or any damage to my property whether arising from anyone's negligence or not, or any other cause arising out of my participation in these dangerous boating, sailing, water related and other activities; and I also agree if anyone makes any claims because of any injury, including death, or for any damage to my property, I will keep all those released by this Agreement free of any damages or costs because of those claims.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature (if above is a minor): _____

Street address _____ City _____ State ____ Zip _____

Phone _____ E-mail address _____