



FLORIDA REGISTRATON# CH20470
A COPY OF THE OFFICIAL REGISTRATION AND
FINANCIAL INFORMATION MAY BE OBTAINED
FROM THE DIVISION OF CONSUMER SERVICES
BY CALLING TOLL-FREE (800-435-7352) WITHIN
THE STATE. REGISTRATION DOES NOT IMPLY
ENDORSEMENT, APPROVAL, OR RECOMMEND-
ATION BY THE STATE.

We Teach Kids Sailing!

And a whole lot more!

2017 PROGRAM - VOLUNTEER

I hereby acknowledge that participation in TSS Youth Sailing's sailing and/or racing program poses certain inherent risks which cannot be avoided and acknowledge that we are accepting those risks.

In consideration of participating in the TSS Youth Sailing Inc. Program and being aware of the risk of active sports, I agree to release, indemnify and hold harmless TSS Youth Sailing Inc., its program and its officers, management, directors, representatives, employees, agents and volunteers from any claims, demands, legal actions, expenses, or liabilities which may directly or indirectly arise from the Volunteer's participation, including, but not limited to, the use of watercraft and all facilities and equipment, onshore or on the water, including, but not limited to, hoists, ramps, trailers, or other means of launching craft.

I knowingly assume all risks of the Volunteer's participation, including all risks of personal injury and loss or damage to property.

I certify that, to the best of my knowledge, the Volunteer has basic swimming ability, is in good physical condition and suffers from no physical, behavioral, emotional or mental condition, which would adversely affect his/her ability to safely participate.

The Volunteer and I agree to abide by all the rules of TSS Youth Sailing and we understand that failure to observe and obey such rules may result in the Volunteer's dismissal.

I certify that I am the parent or legal guardian of the Volunteer and I have the right to grant or refuse this release and agree or disagree with these terms of agreement.

I have read the statement above and I agree / disagree with its contents.

Signature of parent or legal guardian of the Volunteer.

_____ **Date** _____

Name of the Volunteer.
