



# Participant Waiver & Parent/Guardian Consent

Must be presented to the Race Office at check-in

Event: \_\_\_\_\_ Event Dates: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(best contact in case of emergency)

*I, \_\_\_\_\_ voluntarily participate in this Event and understand that the decision whether or not to participate rests solely upon myself. I understand that sailing can be a hazardous sport and agree to accept all inherent risks involved. To the fullest extent permitted by law, I hereby waive any rights I may have to sue the Columbia Gorge Racing Association, the Port of Cascade Locks, instructors, race officials, sponsors, volunteers or any other organization or official involved with this Event ("Organizers") with respect to personal injury or property damage suffered by myself as a result of my participation in this event and hereby release the Organizers from any liability for such injury or damage.*

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Note: A Participant Waiver & Parent/Guardian Consent must be completed by all members of a participating boat's crew.

### **PARENT OR GUARDIAN MUST COMPLETE FOR MINORS (UNDER 18 YEARS OF AGE)**

*I am the parent or legal guardian of, \_\_\_\_\_, a minor ("Child"). I understand that participation in this event is voluntary and the decision whether or not to participate rests solely upon the Child, myself or my designee. I understand that sailing can be a hazardous sport and on behalf of the Child, agree to accept all inherent risks involved. To the fullest extent permitted by law, I hereby waive any rights I or the Child may have to sue the Columbia Gorge Racing Association, the Port of Cascade Locks, instructors, race officials, sponsors, volunteers or any other organization, or official ("Organizers) involved with the event with respect to personal injury or property damage suffered by the Child as a result of our participation in this event and hereby release the Organizers from any liability for such injury or damage. I represent that I am authorized to represent said Child and make this agreement on his/her behalf.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

**Support Adult on Site (print):** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(best contact in case of emergency)

Please contact CGRA in advance if the participant has any health or medical conditions we should know about