

Participant Waiver of Liability

Event:	Event Dates:
Participant's Name:	
Date of Birth:	
Class:	Sail Number:
Emergency Contact:	Telephone:
I, whether or not to participate rests solely upon myself. I risks involved.	voluntarily participate in this Event and understand that the decision understand that sailing can be a hazardous sport and agree to accept all inherent
Cascade Locks, instructors, race officials, sponsors, volur	ny rights I may have to sue the Columbia Gorge Racing Association, the Port of nteers or any other organization or official involved with this Event ("Organizers") red by myself as a result of my participation in this event and hereby release the
Signature <u>:</u>	Date
PARENT OR GUARDIANS FOR MINORS (UND	
in this Event is voluntary and that the decision when	, a minor ("Child"). I understand that participation ther or not to participate rests solely upon the Child, myself or my designee. I n behalf of the Child, agree to accept all inherent risks involved.
Port of Cascade Locks, instructors, race officials, sponsor event with respect to personal injury or property damage	by rights I or the Child may have to sue the Columbia Gorge Racing Association, the s, volunteers or any other organization, or official ("Organizers) involved with the e suffered by the Child as a result of our participation in this event and hereby or damage. I represent that I am authorized to represent said Child and make this
Parent or Guardian Signature <u>:</u>	Date
Name of Parent of Guardian (please print):	
Adult accompanying minor at this event (please pr	rint):
Local Telep	phone:

Note: A Participant Waiver must be completed by every member of a participating boat's crew.