

QUASSAPAUG SAILING CENTER

Sails & Trails Camp Liability Release Form

qsc_sails_and_trails_liability.docx rev. 4

6/1/23



I understand that my child will be participating in the Sails & Trails Camp, a signature program of the Quassapaug Sailing Center. I understand that participation in Sails & Trails Camp includes activities on Lake Quassapaug, at the Quassapaug Sailing Center, waterfront, in the Whittemore Preserve, and on sailboats and kayaks. I am fully aware of the risks associated with my child's participation in an outdoor summer program and I assume full responsibility for any risk of loss, property damage, or personal injury, including death, which my child may sustain as a result of that participation.

Initial Here _____

I forever release, discharge and waive not to sue the Quassapaug Sailing Center, its officers, directors, employees, volunteers, contractors for any liability, claim, damage, action, loss, cost, or expense of any nature whatsoever arising out of or relating to any loss, damage, personal injury, or death sustained by the participant while participating in the program.

Initial Here _____

I forever release, discharge and waive not to sue the Quassapaug Sailing Center, its officers, directors, employees, volunteers, contractors for any liability, claim, damage, action, loss, cost, or expense of any nature whatsoever arising out of or relating to any loss, damage, personal injury, or death sustained by the participant while participating in the program due to COVID-19.

Initial Here _____

The Quassapaug Sailing Center may ask participants to complete surveys and evaluations. I give consent for my child to participate in all surveys/evaluations.

Yes ____ **No** ____

The Quassapaug Sailing Center may also use photographs and/or videos taken at Sails & Trails Camp for any lawful purpose including but not limited to marketing/communication. I give consent for my child to be photographed/videoed while participating in the Sails & Trails Camp program. I forever waive my right, my child's rights, and my family's rights to all royalty, fee or other compensation stemming from the use of these materials.

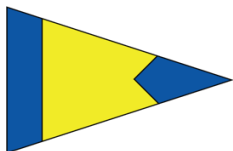
Yes ____ **No** ____

By signing this, I agree to the above terms and conditions of the Quassapaug Sailing Center.

Camper Name: _____

Parent Name/Signature: _____

Date: _____



QUASSAPAUG SAILING CENTER
Sails & Trails Camper Emergency Contact Form
qsc_camper_emergency_contact_form.docx rev. 4 7/24/23



This form must be returned to camp prior to camper's attendance. Form can be sent to sailsandtrails@qsailingcenter.org.

Camper Information

Camper Name _____ Date of Birth _____

Camper Address _____

Parent/Guardian 1 (required)

Name _____ Email _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Best Method of Contact During Camp Hours: ☐ Home Phone ☐ Work Phone ☐ Mobile Phone

Address (if different from camper) _____

Parent/Guardian 2

Name _____ Email _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Best Method of Contact During Camp Hours: ☐ Home Phone ☐ Work Phone ☐ Mobile Phone

Address (if different from camper) _____

Emergency Contacts & Child Pick-Up

Include all authorized individuals to be contacted if unable to reach parents/guardians. Authorized person will be required to show proof of identification when taking child home from camp. Your child will not be released to anyone except the individuals listed.

Contact 1 (required)

Name _____ Relationship _____ Cell _____

☐ Emergency Contact ☐ Authorized for Camp Pick-Up

Contact 2 (required)

Name _____ Relationship _____ Cell _____

☐ Emergency Contact ☐ Authorized for Camp Pick-Up

Contact 3

Name _____ Relationship _____ Cell _____

☐ Emergency Contact ☐ Authorized for Camp Pick-Up

Parent/Guardian Signature _____ Date _____

Printed Name _____ Phone _____

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.