

Seattle Parks and Recreation
Small Craft Programs



ASSUMPTION OF RISK AND RELEASE FORM

Participant Name _____

Address _____

City _____ State _____ Zip _____

Phone-home (____) _____ Phone-work/cell (____) _____

E-mail _____ *All addresses are kept under strict confidentiality.*

Yes ___ No ___ I would like to receive occasional Small Craft Center news via e-mail

Sex: M F Birthdate: _____ Ethnic Origin** _____

Emergency Name _____ Emergency Phone (____) _____

****ETHNIC ORIGIN:** Information is used for statistical purposes and is not required for participation. A=Asian; B=Black/African American; H=Hispanic; M=Mixed, N=Native American; P=Pacific Islander, W=Caucasian; O=Other.

Injuries to participants in small craft programs may occur from risks inherent in the sports or activities; from placing stress on the body that it has not been prepared for; from accidents in learning or practicing techniques; from failing to follow training, safety or racing rules; from the use of transportation to and from regattas, races and other events and from administration of first aid. For example, I might slip and fall; I might be struck by part of a boat; my boat might capsize or I might be thrown overboard into cold water; it may hit another boat or run into an obstruction or the shore, and the collision injure me. The severity of the injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as paralysis or even death. I will be exposed to the weather, including rain, wind, cold, and sun, I might become ill through chill or suffer sunburn and heat exhaustion. In order to avoid injuries I will obey the directions of my instructors and will follow all safety rules. I will tell my instructor about any limitations or medical restrictions on my participation.

In consideration for my acceptance as a participant, I agree to assume the risks, release and hold the City of Seattle, its advisory councils, and sponsoring organizations, and their employees and agents harmless from claims for injuries and damages, which may occur from or as a result of my participation in the program. I agree that this assumption of risk and release shall bind my heirs and my estate.

Participation authorized; risks assumed; and release granted. Authorizing signature below acknowledges having read all statements above. Participant's signature required, or the signature of a parent or guardian is required for participants under 18 years of age.

Signature of Participant
Parent or Guardian signature required for
participants under the age of 18.

Date

How did you hear about our facility or programs? Drive/Walk by _____ Word of Mouth _____
Brochure _____ Parks Web-site _____ Other - please specify: _____