

ACKNOWLEDGEMENT OF RISK AND ASSUMPTION OF PERSONAL RESPONSIBILITY

I understand that sailing is an active, physical activity. Though mild, during my participation in the sailing experience I will be exposed to above normal risks. I understand that although GEL and its sailing school partners have taken precautions to provide equipment and qualified instructors, it is impossible for them to guarantee absolute safety. Also, I understand that I share the responsibility for safely during the event and I assume that responsibility. I have accepted responsibility to verify with my physician that I have no physical or psychological problems that would prohibit my participating in this event. I agree to comply with the instructions and directions of staff during the event.

Name (Please Print)						
Company						
Address						
						
Do you have any physical conditionstruction or team sailing activiti		impact your ability	to participat YES	e in th	ne sail NO	ling
If yes, please describe:						
Do you have any prior sailing experience?			YES		NO	
If yes, please describe:						
I understand that photographs monline albums where they may blog or on our Facebook page. of photo availability online. I will online repository.	be shared via so By providing my	cial media. Some p email address belo	ohoťos will b ow, I'm requ	e feat esting	tured g notif	in Gel's ication
My preferred email address is						
Participant's Signature						Date