



CANADIAN FORCES SAILING ASSOCIATION

1001 MAPLE BANK ROAD VICTORIA BC V9A 4M2

PHONE: 385-8873 WEB: WWW.CFSA.SHAWBIZ.CA

Adult Information Form and Waiver

Course Name _____ Dates _____

Student's Name _____

Birthdate _____ Medical Number _____

Allergies or Medical Conditions _____

Previous Sailing Experience _____

How did you hear about CFSA? _____

Release Form

Participants are under the jurisdiction of the Head Instructor and infractions of CFSA rules or breaches of discipline will result in dismissal from the course. The undersigned hereby releases the Canadian Forces Sailing Association, its Officers, Director, Members, Servants and Instructors, and each of them, of and from all claims, damages or causes of action by the undersigned or any other person, arising or resulting in anyway from the participation of the applicant in the program whether caused by negligence of those persons hereby released or otherwise. I agree to be held responsible for any damages to club equipment or property caused by the careless, reckless or willful conduct of myself or my child.

Signature of Participant

X _____

Date _____