

SAIL CONNECTICUT ACCESS PROGRAM INC. (SCA)

RELEASE AGREEMENT

I understand that sailing a boat on Long Island Sound involves certain unavoidable risks, up to and including serious injury or death. I also know that sometimes it can get wet and cold on sailing outings. I also understand that SCA is a nonprofit organization staffed by volunteers and supported by the sailing community. SCA has small sailboats, and various equipment available for my safety and comfort including hoists for boarding, PFD's, seatbelts, and cockpit seats to provide support. I agree that I must keep each skipper informed about my needs, any changes in those needs, and any limitations before I get on a boat. I understand that if any issue or discomfort comes up during sailing I will at once let the skipper know.

With full knowledge of the inherent risks, potential hazards, and related dangers involved I hereby assume and accept all risks of personal injury or death associated with activities at SCA. I also assume the risks associated with equipment failure, any act of God, my own acts or the negligent acts or the omission of others who may also be present with or without my permission.

I AGREE TO RELEASE THE SCA and its employees, volunteers, agents and individual members from any kind, from any cause whatsoever, including the negligent acts or omissions of others which may result from any activity that I am engaged in while I am participating in boating or other activities at SCA, I give this release freely in connection with being allowed to use the property and facilities of SCA for the purpose of enjoying activities such as boating or any other purpose. I intend that this **ACKNOWLEDGMENT & ASSUMPTION OF RISK and RELEASE OF LIABILITY** be binding on my next of kin, heirs, representatives, and assigns.

I HAVE READ this AND I UNDERSTAND this RELEASE.

Sign and date below.

Signature of participant _____ / ____ / ____ / 2024

Printed name of Participant _____ / ____ / ____ / 2024

FOR PARENTS AND GUARDIANS OF PARTICIPANTS WHO ARE MINORS UNDER THE AGE 18 OR FOR PARTICIPANTS UNDER GUARDIANSHIP

As the parent of any minor or the guardian of any person, I understand I am also signing this **ACKNOWLEDGMENT & ASSUMPTION OF RISK and RELEASE OF LIABILITY** on their behalf.

Sign and Date Below

Signature of Parent or Guardian _____ / ____ / ____ / 2024

Printed name of Parent/Guardian _____ / ____ / ____ / 2024