



## **Participant Waiver of Liability**

Event: NWISA Fleet Race Districts	Event Dates: May 6-7, 2023
Participant's Name:	Date of Birth:
Email:	Phone:
Emergency Contact:	Phone:
(best contact in case of	emergency)
School:	
SCHOOL	<del></del>
	valuatorily participate in this Event and understand that the
	voluntarily participate in this Event and understand that the y upon myself. I understand that sailing can be a hazardous sport and
	e fullest extent permitted by law, I hereby waive any rights I may have
	the Port of Cascade Locks, the North West Interscholastic Sailing
	volunteers or any other organization or official involved with this Event
	property damage suffered by myself as a result of my participation in
this event and hereby release the Organizers from	
	an, naum, you call myan, or call age.
Signature:	Date
PARENT OR GUAR	DIANS FOR MINORS (UNDER 18 YEARS OF AGE)
I am the parent or legal quardian of,	, a minor ("Child"). I understand that
	rcision whether or not to participate rests solely upon the Child, myself
or my designee. I understand that sailing can b	e a hazardous sport and on behalf of the Child, agree to accept all
inherent risks involved. To the fullest extent perm	nitted by law, I hereby waive any rights I or the Child may have to sue
the Columbia Gorge Racing Association, the Port	of Cascade Locks, the North West Interscholastic Sailing Association,
instructors, race officials, sponsors, volunteers of	or any other organization, or official ("Organizers) involved with the
event with respect to personal injury or property	damage suffered by the Child as a result of our participation in this
event and hereby release the Organizers from ar	ny liability for such injury or damage. I represent that I am authorized
to represent said Child and make this agreement	on his/her behalf.
Parent or Guardian Signature:	Date:
Parent/Guardian Name (nrint):	Phone: