



## Participant/Student Registration Form

**Central Okanagan Sailing Association**  
4220 Hobson Road, Kelowna, BC, V1W 1Y3  
Phone 764-2203 Fax 764-5162 www.cosa.bc.ca

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth (M/D/Y): \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Care Card: \_\_\_\_\_

- All sailing equipment is supplied (boats, PFD's...)
- All classes run "rain or shine"
- **Students must bring shoes that can get wet**

### RELEASE

*In consideration of acceptance of this application for my son/daughter/myself being able to take part in this course, I agree to save harmless and keep indemnified the Central Okanagan Sailing Association), its organizers, and their respective agents, officials, servants, and representatives from and against all claims, actions, costs, expenses, and demands in respect to death, injury, loss, or damage to his/her person or property, howsoever caused, arising out of or in connection with his/her taking part in this course notwithstanding that the same may have been contributed to or caused or occasioned by the negligence of the same bodies, or any of them, or their agents, officials, servants, or representatives. I understand that in signing this document I am giving permission to COSA, to obtain and keep on file personal information that I have provided, and to use this information in a manner suitable for evaluation, and contact purposes, including transferring personal information to the provincial or national sailing authority for stat keeping and acknowledgment of participation purposes only. I also agree to allow any photos or other media related items to be used for promotion purposes. I further understand that this release is binding upon myself, my heirs, executors, and assigns, excepting, however, any and all suits and claims arising out of the independent negligence of the Central Okanagan Sailing Association.*

*I have read this document thoroughly. I understand that by signing this document I will give up substantial legal rights that I would otherwise have. I have signed this document voluntarily and without inducement.*

**I have read the above release and agree to abide by those conditions.**

Participant Signature (Parent if Under 18) \_\_\_\_\_ Date \_\_\_\_\_

### For Credit Card Use

Program: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CC#: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_

I agree to authorize COSA to charge my credit card for the full program fee: Yes No