LIABILITY RELEASE FORM

I voluntarily request to participate with you in your Transformational Sailing Program, and I enthusiastically say: 
**Lets Go Sailing**.

I understand the risks associated with my participation in this boating activity such as running into or being run into by other boats, flotsam & jetsam or sea creatures; winding up in the water; being physically damaged by interacting with the ship and/or its parts; drowning and other physical and property damages. I hereby authorize that emergency medical treatment may be administered, if necessary. I also authorize that photographs, videos and/or film/voice recordings of me may be used for charitable purposes as promoting this program.

I understand that while precautions will be taken to ensure a safe trip, I agree to release Transformational Sailing, their sponsors, officers, directors, advisers, volunteers and/or members and the owners and operators of the vessels, whether or not these vessels and owners are part of the Transformational Sailing program or are third parties who have agreed to provide their private vessels for use by Transformational Sailing, and I waive any liability and all rights to file a lawsuit or otherwise claim damages for injury or death. I further agree that this release covers and includes all unknown, unforeseen, unanticipated and unsuspected injuries, damages, losses and liabilities, including any and all consequences thereof including any medical insurance coverage or care, as well as those now disclosed and known by me to exist. Any provisions of any laws, statutes, or regulations of any kind that provide that releases in substance shall not extend to claims, demands, injuries, damages, losses or liabilities which are unknown to exist or unsuspected by me are hereby waived.

The Emergency contact information that I have provided is accurate and complete. I understand that this authorization and release will remain in effect until I explicitly rescind it. Such rescission will be effective upon its receipt by Transformational Sailing by email, regular mail or text message.

I HAVE READ AND UNDERSTAND THIS TRANSFORMATIONAL SAILING LIABILITY RELEASE FORM

Date _____________ Name: _________________________________________
(Parent name also, if participant is under 18 years old)

Signature(s): ___________________________________________