

**WAIVER AND RELEASE**  
**RS21 SAILOR (18 years or older)**

1. I recognize that sailing is an activity that has an inherent risk of damage and injury associated with it, and hereby acknowledge and agree that the decision to sail or to continue sailing under the existing forecast or anticipated conditions of wind, sea and weather is entirely at my own risk.
2. I acknowledge and agree that neither Royal Hamilton Amateur Dinghy Club (RHADC), nor their respective members, officers, directors, employees, agents, and/or contractors will be responsible for:
  - (a) Any loss or damage to the chartered vessel;
  - (b) my property, or
  - (c) any personal injury, including death,

sustained as a result of my decision to sail or to continue sailing the vessel, regardless of the fact that such damage may, in whole or in part, be due to the negligence of RHADC, their respective members, officers, directors, employees, agents, and/or contractors.

3. **I hereby assume all risk of injury to or death of any person and the loss or destruction of property from any cause whatsoever in connection with the possession, use or operation of the vessel. To the fullest extent permitted by law, I hereby RELEASE The Royal Hamilton Amateur Dinghy Club, its officers, directors, members, employees, agents, and/or contractors (collectively referred herein as the “Released Parties”) of any or all of the foregoing and WAIVE any and all claims and causes of action against the Released Parties, or any of them, including without limitation any and all suits, losses, liabilities, demands, attorney’s fees, costs, damages, or expenses, which arise out of, directly or indirectly, my operation or use of the vessel, without limit and without regard to the cause or causes thereof, even if caused by the sole or concurrent, ordinary or gross negligence, fault, or strict liability of any or all of the Released Parties or the unseaworthiness of the vessel, excepting only the willful or intentional acts of the Released Parties.**

Signature

Date

**MY INFORMATION: (Please Print)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_