



# ILRC ABLE SAIL

Independent Living Resource Centre Inc.

100-167 Lombard Avenue Winnipeg MB R3B 0V3 (204) 947-0194 ablesail@ilrc.mb.ca

Operating out of Fort Whyte Alive 1961 McCreary Road Winnipeg MB R3P 2K9

## Sailing Program Waiver and Release

Participant's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I \_\_\_\_\_, hereby waive and release the Independent Living Resource Centre Inc. and Fort Whyte Alive, its Trustees, Officers, servants, volunteers, representatives, and Agents from and against all claim, actions, demands, costs and expenses relating to death, injury, damage to person or property or loss of property howsoever caused arising out of or in connection with this course, lesson, or the use of the equipment used, notwithstanding that the same may have been contributed to, caused or occasioned by the negligence of said parties or any of them or their agents, officials or representatives.

This Waiver and Release shall be binding upon me, my heirs, executors and administrators. I acknowledge that I am of the legal age of eighteen years or, if not, I have obtained the consent of my parents and/or legal guardian to participate in activities at Fort Whyte Alive.

I have read and understand the below "Independent Living Resource Centre Inc. and Fort Whyte Alive Rules and Protocols" and accept and waive any right to participating should I not comply with these policies.

### **Independent Living Resource Centre Inc. and Fort Whyte Alive Rules and Protocols**

All participants will bring their own equipment (if applicable). Sanitized life jackets will be provided. Participants can access the washrooms but are not allowed to enter into any indoor premises of the location to change, shower, and obtain food or beverages. Participants will be instructed to and are required to maintain a two-metre distance from others attending the Able Sail program.

I, \_\_\_\_\_, hereby confirm that I have read and understood this Sailing Program Waiver and Release

\_\_\_\_\_  
Signature of parent/guardian Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of participant Date: \_\_\_\_\_

I would like to be receive information/be contacted regarding sailing in the future

Yes

No