

Participant Registration Traverse Area Community Sailing

Participant Information:

Last Name: _____ First Name: _____

Date of Birth (MM/DD/YY): _____ Age _____

Laser: ___ I will bring my own boat _____ I will rent (\$20 nonmembers) a boat from TACS

For rentals it is first come first served. Please text 231-499-7692 for reservations

Circle one: standard rig radial rig sail number _____

I agree to compensate TACS for any damage done to the boat and / or any gear lost or unrecoverable (foils). _____ (initial)

Payment: <https://www.eventbrite.com/e/2023-summer-laser-series-tickets-656815682387?aff=oddtcreator>

\$15 drop in per night, \$80 for the summer series, \$20 boat rental for nonmembers

Contact Information:

Email: _____ Telephone: _____

*** Emergency contact: Name: _____ Relation: _____
Phone Number: _____

Participant / Volunteer Liability Waiver and Acknowledgment of Risk:

Traverse Area Community Sailing, the City of Traverse City and any other associated groups, their directors, officers, members, employees and volunteers, do not accept any liability for loss of life or property, personal injury, illness or damage caused or rising out of any activity engaged in during the Adaptive Sailing Program for any reason whatsoever. By participating in this sailing program, I, as a participant, volunteer, or parent/ legal guardian of the above named participant, am knowledgeable of the inherent risk in the sport of sailing. I grant my permission to engage in these activities with full knowledge that there is an element of danger involved. Pursuant to the provisions of the Michigan Estates and Protected Individuals Code, MCL 700.5109, I agree to assume the risks for myself and the participant named and agree to hold Traverse Area Community Sailing and its directors, officers, employees and volunteers harmless and free of any liability for damage, illness or injury that I or the participant above may obtain from these activities. PARTICIPANT'S SIGNATURE (Parent/Guardian if under 18 or unable to sign): Participants Name (Printed):

_____ Signature:
_____ Date: _____