

SAIL CONNECTICUT ACCESS PROGRAM, INC. (SCTA)

2026 RELEASE AGREEMENT and MEMBERSHIP FORM

(Please read the front and back pages of this Release Agreement before signing, and we recommend that you make a copy of both sides for your records)

I understand that sailing in a boat on Long Island Sound involves certain unavoidable risks, up to and including serious injury or death. I also know that sometimes it can get wet and cold on sailing outings. I also understand that SCTA is a non-profit organization largely staffed by volunteers and supported by generous donations and members of the sailing community. SCTA has small sailboats, and various equipment available for my safety and comfort including hoists for boarding, PFDs, seatbelts, and cockpit seats to provide support.

I agree that I must keep each skipper informed about my needs, any changes in those needs and any limitations before I get on a boat. I understand that if any issue or discomfort comes up during sailing, I will immediately tell my skipper.

I know that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I also know that COVID-19 is extremely contagious. From time to time, federal, state, and local governments and federal and state health agencies may recommend social distancing and/or prohibit the congregation of larger groups of people. I understand that SCTA has made best efforts to put in place preventative measures to reduce the spread of COVID-19; however, SCTA cannot guarantee that I will never become infected with COVID-19. Moreover, participating in any activity or event at SCA might possibly increase my risk or my family's risk of contracting COVID-19.

By signing this Release, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in activities or events at SCTA and that such exposure or infection may result in personal injury, illness, permanent disability or even death. I understand that the risk of becoming exposed to or infected by COVID-19 at SCTA may result from the actions, omissions or negligence of myself or others, including, but not limited to, volunteers, program participants and their families, support personnel or others at the marina.

With full knowledge of the inherent risks, potential hazards, and related dangers involved: I hereby assume and accept all risks of personal injury or death associated with activities at SCTA. I also assume the risks associated with equipment failure, any act of God, my own acts **or the negligent acts or omissions of others** who may also be present with or without permission.

I **AGREE TO RELEASE SCTA** and its, employees, volunteers agents and individual members from any and all monetary claims, allegations, lawsuits, causes of action, damages, expenses or losses of any kind, from any cause whatsoever, **including the negligent acts or omissions of others** which may result from any activity that I am engaged in while I am participating in boating or other activities at SCTA. I give this release freely in connection with being allowed to use the property and facilities of SCTA for the purpose of enjoying activities such as boating or any other purpose.

(This Release Agreement and your Membership Form are continued on Reverse Side)

I intend that this ACKNOWLEDGMENT & ASSUMPTION OF RISK and RELEASE OF LIABILITY be binding on my next of kin, heirs, representatives and assigns.

I HAVE READ this and I UNDERSTAND this two page Release Agreement.

Signature of Participant

Please Print Your Name Here

Date

FOR PARENTS AND GUARDIANS OF PARTICIPANTS WHO ARE MINORS OR FOR PARTICIPANTS UNDER GUARDIANSHIP:

As the parent of any minor under the age of 18 years or the guardian of any person, I understand that I am also signing this **ACKNOWLEDGMENT & ASSUMPTION OF RISK and RELEASE OF LIABILITY** on their behalf.

Signature of Parent or Legal Guardian

Please Print Your Name Here

Date

2026 MEMBERSHIP FORM

I enclose my individual/family membership () dues of \$50* \$ ____ _

I would also like to make a donation to SCA ... \$ ----

Enclosed is my check payable to "Sail CT Access" for... \$ ____ _

Name _____ email _____

Address _____ Town or city _____

State _____ Zip Code _____ Phone _____

*Name and phone number of **emergency contact**- someone who is not sailing with you:*

Full Name

Phone

(*) Your membership entitles you and an accompanying person to sail with us as often as you like, as long as boats and skippers are available.

(We are a 501(c)3 non-profit organization; your donation may be tax deductible to the extent permitted by law.)

PLEASE MAIL THIS APPLICATION TO:

**SCTA – co: Debra Ballou
1 Riverside Court
Guilford CT 06437**