



Disabled Sailing Association  
of British Columbia, Victoria Branch

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**Membership Application Form**

(Completion of this form also enrolls you as a member of the Victoria Integration Society).

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (home), \_\_\_\_\_ (cell) email: \_\_\_\_\_

Do you have a disability? \_\_\_\_\_ If yes, what is the nature of your disability? \_\_\_\_\_

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Specific requirements necessary based on nature of your disability: \_\_\_\_\_

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Membership Fee of \$10.00 enclosed    \_\_\_ cash \_\_\_ cheque (**payable to the Disabled Sailing Association, Victoria Branch**).

**WAIVER OF LIABILITY**

Please read and sign the waiver of liability below. You require a witness to also sign the waiver.

**Disclaimer Clause:**

The British Columbia Mobility Opportunities Society and the Disabled Sailing Association of British Columbia (DSA) herein after referred to as the "Societies" are not responsible for any loss, damage, injury or death suffered by any person from any cause whatsoever, including without limitation the negligence of the Societies and their respective servants, agents or employees.

**Agreement:**

In consideration of the Societies accepting this application, I, the undersigned, for myself, my heirs, executors, administrators and assigns release the societies, its respective servants, agents or employees from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attending at or participating in any activity of the Societies notwithstanding any such loss, injury or damage that may have arisen by reason of the negligence of the Societies, its respective servants, agents or employees. Without limiting the generality of the foregoing, I further release any resources which I may now or hereafter have resulting from any decision of the Societies. I confirm that I have read and understood this waiver of liability and being of sound mind and of legal age, I hereby acknowledge my acceptance of the above Disclaimer Clause by my signature below (parent of guardians please sign for minors).

**Indemnification:**

In consideration of the Societies accepting this application, I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_, applicant agree to indemnify the Societies, its respective servants, agents or employees from any claims of demands that might be made against the Societies arising out of or in consequence of any event or activity sanctioned by the Societies. If under the age of 19, indemnification must be signed by parent or guardian.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

- My interest in sailing is:     Charter (going for a ride in a boat)  
(please check)     Learn to Sail (developing sailing skills to become an independent sailor)  
                           Independent Sailing  
                           Racing



*Facilitating Active Lifestyles  
for People with Disabilities*

## INFORMED CONSENT AGREEMENT

for participants under 19 years

Dear Registrant/ Parent/Guardian:

Thank you for choosing to use the services or programs of **Recreation Integration Victoria and/or Disabled Sailing Association of BC, Victoria Branch**. We request your understanding and cooperation in maintaining both your and our safety & health by reading and signing the following INFORMED CONSENT.

I, \_\_\_\_\_ declare that my child/ward, \_\_\_\_\_, intends to use some or all of the activities, facilities, programs and services offered by Recreation Integration Victoria, the Victoria Integration Society; the Disabled Sailing Association of BC; the Canadian Forces Sailing Association, Esquimalt Squadron; Canadian Forces Base, Esquimalt; the University of Victoria; the Municipalities of Esquimalt, Oak Bay, Saanich, the City of Victoria, the Peninsula Recreation Commission, West Shore Parks and Recreation Society; the Queen Alexandra Centre for Children's Health; the Vancouver Island Health Authority; Community Living British Columbia; and School Districts #61, #62, and #63 and I understand that each person (myself or child included), have different capacities for participating in such activities, facilities, programs and services. I am aware that all activities, services and programs offered are either educational, recreational, or self-directed in nature. I assume full responsibility during and after participation for my child's choices to use or apply, at their own risk, any portion of the information or instruction they receive.

I understand that part of the risk involved in undertaking any activity or program is relative to one's own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which my child conducts them self in that activity or program. I acknowledge that my child's choice to participate in any activity, service and program brings with it the assumption by me/my child of those risks or results stemming from this/these choice(s) and the fitness, health, awareness, care and skill that my child possesses and uses. In addition, I understand that my child is free to withdraw from, reduce or modify their involvement in any program activity and I realize that they should do so upon recognition of any signs of transient lightheadedness, faintness, chest discomfort, leg cramps, nausea, etc.

I further understand that the activities, services and programs offered by Recreation Integration Victoria; the Victoria Integration Society; The Disabled Sailing Association of BC; the Canadian Forces Sailing Association, Esquimalt Squadron; Canadian Forces Base Esquimalt; the University of Victoria; the Municipalities of Esquimalt, Oak Bay, Saanich, the City of Victoria, the Peninsula Recreation Commission, West Shore Parks and Recreation Society; Vancouver Island Health Authority; The Sam Sullivan Disability Foundation; Queen Alexandra Centre for Children's Health; Community Living British Columbia; and School Districts #61, #62, and #63 are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I/my child accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

In addition, I acknowledge that I have inquired about the nature of any activity, program or services that I am not completely familiar with and I have been informed of any inherent risks.

I declare that I have read, understood and agree to the contents of the INFORMED CONSENT AGREEMENT in its entirety.

Program: \_\_\_\_\_

\_\_\_\_\_  
Participant's Name (Please Print Clearly)

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Witness Signature (Mandatory)

**MEDICAL INFORMATION & RELEASE**

In the case of an unforeseen medical emergency, Recreation Integration Victoria (Integrated Recreation Services/the Victoria Integration Society) / the Disabled Sailing Association of B.C., Victoria Branch needs the authority to proceed as the situation dictates. This might take the form of a call to your family doctor or a visit to the nearest medical facility.

Carefully fill out the following information ensuring it is current and accurate (print legibly please):

PARTICIPANT'S / VOLUNTEER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

B.C. CARE CARD: Personal Health #: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

1. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**NATURE OF DISABILITY / MEDICAL / HEALTH CONCERNS (PLEASE DESCRIBE):**

\_\_\_\_\_

**MEDICATIONS AND/OR ALLERGIES: (PLEASE INDICATE TIME FOR MEDICATION):**

\_\_\_\_\_

\_\_\_\_\_

**FIRST AID OR PERSONAL CARE INSTRUCTIONS:**

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL RELEASE**

I grant permission to Recreation Integration Victoria/the Victoria Integration Society/the Disabled Sailing Association of B.C. and/or their designates to proceed in any manner they deem necessary in the case of a medical emergency involving myself (or my child/ward). I am releasing the right for this information to be shared with volunteers, recreation staff, and/or medical staff who are in contact or responsible for my (or my child/ward's) participation in the program.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ WITNESS (MANDATORY): \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

(if participant is under 19 years of age, or if parent/guardian has legal committeeeship or representation agreement is in place)

IF YOU ARE SIGNING FOR SOMEONE 19 YEARS OF AGE OR OLDER, DO YOU HAVE LEGAL COMMITTEESHIP or REPRESENTATION AGREEMENT IN PLACE? Yes \_\_\_ Initials\_\_\_

**PHOTOGRAPH RELEASE**

Recreation Integration Victoria and their designates often take photographs/videos of participants and staff while programs are operating. These pictures may be used for promotional purposes, training, and public education.

I, \_\_\_\_\_ give my permission for photographs/videos to be taken of myself / my child/ward \_\_\_\_\_ and for these photographs/videos to be used for promotional/training/education reasons.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ WITNESS (MANDATORY): \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ (If participant is under 19 years of age the person having legal authority to sign on the child's behalf, or in the case of an adult parent/guardian if there is a Legal Committeeeship or a Representation Agreement in place).