

## **2021 OCYC (Ocean City Yacht Club) SAILING PROGRAM**

### **GENERAL RELEASE AUTHORIZATION**

1. I accept and understand that there are inherent risks involved in the Program's sailing and related activities and that injuries can and do occur in these activities. With full knowledge of the inherent risks involved, and I agree to assume and accept responsibility for all risks with myself and my guests participation in the Program.
2. I irrevocably and unconditionally waive, release, forever discharge and agree to indemnify, hold harmless and defend OCYC and each of its successors, assigns, agents, directors, officers, representatives, employees and all persons acting by, through, under or in concert with any one or more of them, from any and all charges, complaints, claims, obligations, promises, suits, causes of action, costs and damages and expenses of any nature whatsoever (including reasonable attorney's fees), which I ever had or will have in the future, whether known or unknown, in law or in equity, arising directly or indirectly out of my participation in the Program or activities in any way related to the Program, including but not limited to negligence of any kind or nature.
3. I agree to assume and accept all and full responsibility for any injury, damage or loss to persons or property sustained by OCYC, each of its successors, assigns, agents, directors, officers, representatives, employees and all persons acting by, through, under or in concert with any one or more of them, or to the same sustained by any other persons participating in or associated with the Program, arising directly or indirectly out of any act or failure to act by myself and guests while participating in the Program or any activity in any way related to the

Program.

4. I authorize Ocean City Yacht Club's appropriate employees, agents or representatives to call for medical care or emergency transportation to a medical facility or hospital and if, in the opinion of such employees, agents or representatives, medical attention is needed.

I further authorize appropriate medical and/or emergency medical treatment.

I agree that once emergency medical care and/or emergency transportation to a medical facility or hospital is initiated, Ocean City Yacht Club and/or its employees, agents or representatives, shall have no further responsibilities, and I agree to pay all costs associated with such medical care and transportation. I hereby represent that there are no special health problems that should prevent participation in the adult sailing program.

4. I intend and agree that the terms of this release agreement be severable.

I HAVE CAREFULLY READ, UNDERSTAND AND VOLUNTARILY ACCEPT THE TERMS OF THIS AGREEMENT.

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Print Name

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Signature

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Date