



# Parental Release Form Emergency Contacts

To complete your child's registration in the sailing program, please print this form, then complete, sign and return to:

**Sail Buffalo Sailing School**  
485 Michigan Ave  
Buffalo NY 14203  
Fax: 716-432-6589

**Child's name:** \_\_\_\_\_

**Parent/Guardian's name:** \_\_\_\_\_

**Emergency Contact Numbers:**

**Home:**(    ) \_\_\_\_\_

**Cell Phone:**(    ) \_\_\_\_\_

**Work:**(    ) \_\_\_\_\_

---

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_  
(child's name), hereby give permission for this child to participate in the Sail Buffalo Sailing Program.  
I confirm that the child is voluntarily participating in this sailing program organized by the Sail Buffalo Sailing School.

I understand that sailing is a sport which involves risk such as injury, loss or damage.

I understand that I and the child share the responsibility for safety and we both agree to practice safe boating.

I agree to indemnify and hold harmless the Sail Buffalo Sailing School, The WNY Maritime Charter School, The Buffalo Place, Brand-On-Services Inc., New York Power Authority, Cazenovia Community Resource Center and ECHDC, their agents, officers, employees and volunteers from all claims of injury to person or property arising from my participation in sailing through the Sail Buffalo Sailing Program.

Signature of Parent/Guardian: \_\_\_\_\_

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