

**BELLPORT BAY SAILING FOUNDATION, INC.**

**BELLPORT BAY EXPLORERS ENVIRONMENTAL CAMP**

**PARENTAL WAIVER AND CONSENT FORM**

As the parent or legal guardian of the child named below, I hereby give full consent and approval for my child to participate in all the activities of the Bellport Bay Sailing Foundation's Bellport Bay Explorers Environmental Camp.

I understand that there are certain risks of injury inherent in my child's participation in the BBSF's program, the activities of which include hazards, by way of example but not of limitation, such as open and often rough water on the bay, currents and possible heavy winds, sun exposure, insects and equipment. I am fully aware of the nature and extent of these risks based upon such investigation as I have deemed necessary and appropriate and I am willing to assume all of these risks on behalf of my child as required prerequisite to the participation in the program. I further certify that my child is fully capable, both physically and mentally, of participating in BBSF's program and that my child is healthy and has no physical or mental disabilities, limitations or infirmities that would restrict full participation in such activities.

In addition to giving my full consent to my child's participation in BBSF's Bellport Bay Explorers Environmental Camp, I hereby waive release, indemnify and hold harmless Bellport Bay Sailing Foundation, its trustees, officers, members, employees, agents, volunteers, attorneys, sponsors, supervisors and representatives for any injury that may be suffered by my child in the course of participation in all activities associated with and incident to the Bellport Bay Sailing Foundation's Bellport Bay Explorers Environmental Camp, whether such injury is the result of negligence or any other cause.

I acknowledge that good behavior is expected during the program. Any illegal or persistent obnoxious behavior is grounds for removal from the program, without refund of fees. Parents may be called to take their child home if such behavior is demonstrated.

I acknowledge that my child will be under the supervision of the BBSF instructor(s), assistants, or volunteers only during the period of time that they are registered for a class.

Name of Child \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

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