

DANA WEST YOUTH SAILING LIABILITY RELEASE FORM

PARENT PICK-UP RELEASE FORM

| CHILD'S NAME: | | · · · · · · · · · · · · · · · · · · · |
|--|------------------------------|---------------------------------------|
| Note: Children will not be releaded and show a valid ID. | sed to minors. The pick-up p | person must be at least 18 years |
| Please complete all information | n as requested in the space | below. |
| I GIVE PERMISSION FOR THE F | OLLOWING ADULTS TO PICE | K-UP MY CHILD: |
| | | |
| 1 Name | Relationship | Phone |
| 2 | | Dhana |
| Name | Relationship | Phone |
| 3 | | ····· |
| Name | Relationship | Phone |
| | | |
| DATE | | |
| SIGNATURE PARENT OR GUAR | PDIAN | |
| TYPED/ PRINTED NAME OF PA | DENT OR GUARDIAN | |
| THE EDITION OF FA | ALLIT ON GOTTAIN | |
| PARENT OR GUARDIAN PHON | E NUMBER | |