



SALTS Program Consent and Waiver Form

☺ → **Printed Name of Trainee Applicant:** _____

All SALTS sail trainees must print this waiver form, sign it, and return to the SALTS office by mail, courier, hand delivery, fax, or email (as a scanned document).

For parents of trainees under 19 years of age:

I consent to my child or ward's participation in the SALTS Sail and Life Training Society sailing program. I realize that there are risks of bodily injury from the ship's gear which may be unique to this program. In consideration of SALTS accepting my child or ward in this program, I hereby agree to indemnify, release and save harmless the Society, its employees, volunteers or agents for any loss or damage through personal injury or otherwise whether or not the loss or damage is caused by the negligence of the Society, its employees, volunteers or agents, and claims arising from any accident or sickness to my said child or ward while participating in the said program. In case of emergency I understand that every effort will be made to contact me; however, I hereby give permission to the physician selected by the Society to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child or ward named above. By signing this form I authorize SALTS to use any photos taken of my child or ward during the voyage in organizational communication publications, websites, or other communications media.

☺ → **Printed Name of Parent or Guardian:** _____

☺ → **Signature of Parent or Guardian:** _____ **Date:** _____

Only For applicants 19 years or over:

I desire to participate in the SALTS Sail and Life Training Society Program. I acknowledge that there are special risks of bodily injury from the ship's gear which may be unique to this program. In consideration of the acceptance by SALTS of me in this program, I hereby agree to indemnify, release and save harmless the Society, its employees, volunteers or agents for any loss or damage through personal injury or otherwise whether or not the loss or damage is caused by the negligence of the Society, its employees, volunteers or agents, and claims arising from any accident or sickness which I may suffer while participating in the said program. By signing this form I authorize SALTS to use any photos taken of me during the voyage in organizational communication publications, websites, or other communications media.

☺ → **Trainee Signature:** _____ **Date:** _____

FOR ALL APPLICANTS:

I agree to abide by the rules governing the conduct of the vessel. I realize that the Captain is the final authority on board and major infractions of the rules could result in my dismissal without compensation.

☺ → **Trainee Signature:** _____ **Date:** _____

Mailing Address:

SALTS Box 5014, Station B,
Victoria BC Canada V8R 6N3

Fax: 250-383-7781

Email: info@salts.ca

Website: www.salts.ca

Street Address:

SALTS 2-203 Harbour Road
Victoria BC Canada V9A 3S2
8:30am-4:30pm Monday to Friday