

# Learn to Sail Program

**Who:** Anyone 16 years and older (no prior experience necessary).  
Children 12 to 15 if accompanied by legal guardian.

**What:** Each session consists of the following three lessons provided by qualified, experienced instructor (sailboats and lifejackets provided). Participants will be contacted by email or call from the sailing instructor confirming session and answering questions.

**Lesson 1** consists of capsizing a sailboat next to the dock and demonstrating that you are able to reboard. Remainder of the lesson will be on shore learning sailing technique.

**Lesson 2** consists of a review and sailing the boat with coaching.

**Lesson 3** will incorporate what you have learned by sailing with the other sailboats around a triangular course in the west arm of Gray's Lake.



**Where:** Gray's Lake Overlook Terrace/Dock

**When:** Mondays, Tuesdays, Wednesdays  
6:00 – 8:00 p.m.

For more information,  
call 237-1386

**Cost:** \$25.00 per person – per session. **Pre-registration is required and must be received the Friday before the class for which you are registering!**

**Complete and return to: Des Moines City Hall, Information Center 400 Robert D. Ray Dr., Des Moines, IA 50309**

✓ your session preference (Limit 6 people per session)

Session 1 June 15, 16, 17    Session 2 June 22, 23, 24    Session 3 June 29, 30, July 1st    Session 4 July 6, 7, 8    Session 5 July 13, 14, 15

Session 6 July 20, 21, 22    Session 7 July 27, 28, 29    Session 8 August 3, 4, 5    Session 9 August 10, 11, 12

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, IA Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_



Make checks payable to Des Moines Parks & Recreation. Amount Enclosed \_\_\_\_\_

**MUST SIGN THE WAIVER OF LIABILITY ON THE BACK OF THIS FORM IN ORDER TO PARTICIPATE.**

Registration, including payment, must be RECEIVED by the Friday before the class for which you are registering. Thanks!

**CITY OF DES MOINES, IOWA  
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

Park and Recreation Department Activity: Sailing Classes at Gray's Lake

In consideration of my, or my minor child, being permitted to participate in any way in the above named Activity, I, the Undersigned, for myself and my minor child, all of my or my minor child's, personal representatives, executors, administrators, heirs, next of kin, successors and assigns, herein referred to as "Releasors", do hereby:

1. Acknowledge that this Activity carries with it the potential for serious injury, death and/or property damage, and certify as to my physical fitness and that of my minor child to participate and declare that neither I, or my minor child, have been advised otherwise by a qualified medical professional.
2. Acknowledge, agree, and represent that I and my minor child will, at all times, be aware of the surroundings during the Activity and agree that if I or my minor child consider anything related to this Activity to be unsafe, will immediately advise the Activity officials of such, and if necessary, will leave the area or refuse to participate further in the Activity.
3. Waive, release and discharge, and covenant not to sue, the City of Des Moines, Iowa, its elected and appointed officials, employees, volunteers, sponsors, and agents, including others who give recommendations, directions, or instructions as part of this Activity, hereinafter referred to as "City", from any and all liability to Releasors for any and all loss or damage, and any claim or demands therefor, on account of injury to the person or property or resulting in my death or that of my minor child arising out of or related to the Activity, including traveling to or from the Activity.
4. Agree to Indemnify and Save and Hold Harmless the City and each of them from any loss, liability, damage, or cost that they may incur arising out of or related to my or my minor child's participation in this Activity.
5. Assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the Program/Activity.
6. Agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the City, not including gross negligence and willful misconduct, and is intended to be as broad and inclusive as is permitted by law including any governmental immunity afforded the City by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. Authorize any medical treatment, including the administration of anesthesia, deemed advisable by any licensed physician to relieve any injuries received or illness contracted by me or my minor child as a participant in this Activity.

**I have read the Release and Waiver, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it voluntarily without assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the fullest extent permitted by law, including all acts of negligence by the City as stated above.**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(Please Print) (If under age 18)

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

If Participant is a Minor

Parent/Legal Guardian: \_\_\_\_\_  
(Please Print)

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_ Phone: \_\_\_\_\_