

MEMBERSHIP APPLICATION

US SAILING Center · Martin County

1955 NE Indian River Drive Jensen Beach, FL 34957

Phone: (772) 334-8085

Fax: (772) 334-2997

www.usscmc.org

Section 1: REQUIRED INFORMATION (PLEASE PRINT CLEARLY)

Full Name: _____

FIRST

MI

LAST

Local Address: _____ City: _____

State: _____ Zip: _____ Local Phone: (____) _____ Alt Phone: (____) _____

Home Address: _____

Emergency Contact: _____ Relation: _____

Phone: (____) _____ Alternate Phone: (____) _____

Email Address: _____

Section 2: PLEASE TELL US ABOUT YOURSELF

We use the following information in an effort to understand by the US SAILING Center · Martin County's constituency better and promote a culturally and ethnically diverse environment. In this way, we can meet the changing needs of our membership. This information also enables us to provide a profile of our membership to potential donors. This information is optional, and we appreciate your input.

1. Sailing Experience: New Sailor Some Experience Highly Experienced

2. Where did you learn to sail: _____

3. Type and size of boat with most experience: _____

4. Occupation: _____ Employer: _____

Does your company match employee contributions? Y N

5. How did you hear about the US SAILING Center · Martin County?

Pamphlet/Brochure Internet Radio Driving By

USSCMC Member School Family Television

Friend Newspaper Other: _____

6. Are you a student? Y N School: _____

7. Gender: Male Female

8. Date of Birth: _____ / _____ / _____

Section 3: WAIVER OF LIABILITY

THIS MUST BE SIGNED IN ORDER TO PARTICIPATE

ASSUMPTION AND ACKNOWLEDGEMENT OF RISKS AND RELEASE OF LIABILITY AGREEMENT

In consideration of being allowed to participate in any way in the US SAILING Center programs, regattas, clinics and camps and/or their related events and activities (collectively referred to herein as "Programs"), I (if a minor, parent's or guardian's name)

_____, the undersigned, acknowledge, appreciate, and agree that:

- I. The Program is voluntary in nature and the risks of injury from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- II. I also understand and acknowledge that the social and economic losses or damages which can result from those risks and dangers can also be severe and that not all such risks and dangers may be known or reasonably foreseeable at this time; and
- III. I agree to take appropriate precautions for my own safety and that of others when participating in the program and further agree that, before participating I will inspect the facilities and equipment to be used and will, if I believe anything is unsafe, immediately advise the person in charge of that unsafe condition and will refuse to participate; and
- IV. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE US SAILING CENTER OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR VOLUNTEERS, or others, and assume full responsibility for my participation and any harm coming to myself or others as a result of my participation; and,
- V. I willfully agree to take full responsibility in returning the rented equipment in the identical condition that it was signed out and comply with the stated and customary terms for the use of the rented equipment while participating. I understand that my failure to do so could result in charges to me for damages incurred. If, however, I observe any unusual significant hazard during my presence of participation, I will bring such to the nearest official or employee/volunteer of US Sailing Center immediately; and,
- VI. I agree to wear a personal flotation device (PFD) during all Programs, use and operate the Center's watercraft in a safe and proper manner and to observe the rules of safe seamanship at all times and the Center's 'Safe Conduct Rules'.
- VII. If the participant in the Program is a minor, I, as the parent or legal guardian of the minor will assume all liability for the actions or damages caused by the minor child during the Program; and
- VIII. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS THAT THE UNDERSIGNED MAY HAVE AGAINST THE HOSTS, THE STAFF AND THE OFFICERS ARISING OUT OF THIS ACTIVITY, AND DO FURTHER AGREE NOT TO SUE OR TO BRING ANY CLAIM OR CLAIMS OF ANY NATURE WHATSOEVER AGAINST THE HOST ORGANIZATION, ITS DIRECTORS OR OFFICERS, OR ANY OF THE PERSONS NAMED OR UNNAMED ABOVE WHO MAY BE ACTING ON THE HOST'S BEHALF.
- IX. My child has a medical condition (asthma, allergy to bee stings, etc.) which the staff should know about YES _____
NO _____ Please describe:

I HAVE READ THIS ASSUMPTION AND ACKNOWLEDGEMENT OF RISKS AND RELEASE OF LIABILITY, WAIVER AND CONSENT NOT TO SUE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I HAVE EITHER CONSULTED LEGAL COUNSEL AS TO ITS LEGAL EFFECT OR HAVE KNOWINGLY ELECTED NOT TO SEEK SUCH COUNSEL. I AM SIGNING THIS OF MY OWN FREE WILL. I ATTEST THAT I HAVE NO PHYSICAL IMPAIRMENT THAT WOULD INTERFERE WITH ANY PROGRAM ACTIVITY.

(If under 18 years old, this form must be signed by parent or legal guardian **I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP THE SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participant's Name: (please print clearly) _____

Participant's Signature: _____ Age (if a minor) _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

THE MISSION of the US SAILING Center - Martin County is the advancement of "sailing for all" by minimizing economic and physical obstacles to sailing. If you can afford to, we humbly ask that you support our programs and help us to continue to provide this valuable service. The US SAILING Center - Martin County is a non-profit educational charity and all donations are tax-deductible. Thank you for your support!

I would like to contribute an extra:

\$200 \$100 \$25 \$_____ to help support the US SAILING Center - Martin County

Membership Type: Family Adult Senior Junior Friend

Membership Length of Term: Annual Seasonal Vacation Daily

Total Amount \$_____

FOR OFFICE USE ONLY · FOR OFFICE USE ONLY · FOR OFFICE USE ONLY

Staff Member:_____

Payment Amount:\$_____

Member #: _____

Donation Amount:\$_____

Start Date: _____

Total Received:\$_____

Expiration Date: _____

Payment Type:

- Cash
- Check #_____
- Gift Certificate _____
- Credit Card_____

Visa / MasterCard / AMEX / THERE IS A 2% FEE FOR CREDIT CARD PAYMENT

#: _____

Exp:_____CVC_____