

Registration Form

Sailing Classes

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Session Dates: _____

12 Hours “Learn Sailing Right” (2- six hour sessions) **\$250**

12 Hours “Learn Sailing Right” (4-three hour sessions) YOUTH **\$250**

12 Hours “Youth Group Lessons 3-5” (4- three hour sessions) **\$750**

_____ Hours Private/ Semi Private Instruction \$30/ hour/ person = _____

_____ Hours Skipper Sail \$30/ hour/ boat (4 adults max) = _____

Received book Y N _____ recipients initials

When personal scheduling conflicts arise for the student, the USSCMC will gladly reschedule your dates with 24 hours advanced notice. For cancellations or last minute schedule changes there is a \$30 fee per student.

Total payment is due upon registration.

Check Number: _____

Credit Card (Visa / MasterCard / AMEX)

THERE IS A 2% FEE FOR CREDIT CARD PAYMENT

#: _____ Exp: _____ CVC _____

Cash: _____

US Sailing Center of Martin County
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:

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,

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

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

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,

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,

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'.

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

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.

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.

Skipper (Participant) Name _____
(print clearly please)

Skipper (Participant) Signature / _____ / _____
Age (if a minor) Date

PARENT / GUARDIAN'S SIGNATURE Date

(If under 18 years old, this form must be signed by parent or legal guardian)