

REGISTRATION

Brevard County Community Sailing Program

Indian River Yacht Club
Boaters Exchange
Brevard County Parks & Recreation
Lake Baldwin Florida Community Sailing LLC

Participant's name _____ Age _____

Address _____

Phone number _____ Email _____

Start date of program: June 6 June 11 June 13 June 20 June 27
(circle one)

1. **Cost:** \$120 (\$20 for insurance plus \$100 for course and materials).
2. Make checks out to: **Indian River Yacht Club**. Mail to: **Community Sailing c/o Boaters Exchange, 2145 US Highway 1, Rockledge, FL 32955**
3. **Required clothes.** Be prepared to get wet and spend a significant amount of time under the sun during this program. Bring adequate sun protection (hat, sunscreen, sunglasses, etc.) and a change of clothes and towel to each class to dry off after sailing. You will be required to provide a proper-sized, Coast Guard-approved life jacket (vest type). This life jacket should be form fitting and comfortable, as you will be wearing it at all times during the course. Closed-toe footwear (old tennis or boat shoes) will be worn at all times, both on land and on the water to protect your feet. No sandals or flip-flops.
Participant understands the clothing requirements _____ (initial).
4. **Swim requirements.** All students will be given a swim test during the first day of classes. Students will be required to swim 100 yards with a life jacket on and then climb into a chase boat. **Participant can swim and will be able to accomplish the swim test _____ (initial).**
5. **Discipline policy.** Participant understands and agrees, that in entering this sailing program, to obey all program rules as set forth by the program director and the instructors; that utmost care will be used in operating the boats and equipment; and that horseplay or other disruptive behavior will not be tolerated. Participant accepts that the sport of sailing and the conduct of this course entail and are subject to certain inherent risks and assume all risks on land and on the water while participating in this program. If at any time the instructors feel that the discipline or actions of the Participant are in conflict with safe boat requirements, Participant will be asked to leave the program. **Participant understands and accepts the discipline policy _____ (initial).**
6. **Drop-off and pickup.** For students under 16 years of age, it is expected that they will be picked up from the program shortly after completion at 1 pm everyday. Students left after 1 pm will be taken to Boaters Exchange for pickup. **Parent/Guardian understands and accepts the pickup policy _____ (initial).**
7. **Emergency Medical Release:** _____ **(initial)** My initials here indicate that, in the event of a medical emergency, and when a parent/guardian of minor cannot be reached, I grant permission for program to authorize emergency medical treatment by the proper authorities. Insurance Company: _____
Participant's Physician Phone: _____
Please indicate any other information helpful to staff regarding medical conditions:

8. **Weight limits of boats:** 700 lbs. crew weight.

Signature _____ (Signature of Parent/Guardian for Participants under 18).

Date _____

RELEASE OF LIABILITY

Brevard County Community Sailing Program

Indian River Yacht Club
Boaters Exchange
Brevard County Parks & Recreation
Lake Baldwin Florida Community Sailing LLC

Name of Participant: _____ Release executed on _____
Enter date here

If applicable, Parent or Guardian of Participant: _____

Address of Participant: _____
Enter complete address including city and ZIP

Address of Parent or Guardian: _____
Enter complete address including city and ZIP

I HEREBY RELEASE ALL CLAIMS RELATING TO THIS EVENT.

I, the Participant, or the Parent or Guardian of the Participant, in consideration of Participant being permitted to participate in Brevard County Community Sailing Program, do for myself, my spouse (if applicable), my children, my heirs, executors, administrators and assigns, hereby release and forever discharge Indian River Yacht Club, Brevard County, Brevard County Parks & Recreation, Lake Baldwin Florida Community Sailing LLC, and Boater's Gear, Inc., dba Boaters Exchange, and other owners, shareholders, employees, volunteers, their heirs, administrators and executors, successors and assigns, of and from any and every claim, demand, action or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident that may occur as a result of my participation or Participant's participation in this sailing and boating event or any activities in connection with Brevard County Community Sailing Program, whether by negligence or not. Furthermore, I assume all responsibility for any loss or damage that may come to any person, boat, sailboat, equipment, pier, float, or other property used in conjunction with this course as a result of improper use, negligence, violation of the rules, and other acts of sailors, or other representatives of the school, instructional program, boat rental program or host location in connection herewith. I accept that the sport of sailing is inherent with certain risks including death and assume all risks on land and on the water.

I further release all officials and professional personnel from any claim whatsoever on account of first aid, treatment or service rendered Participant during any participation in Brevard County Community Sailing Program.

This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

Participant, or Parent/Guardian of Participant, further states that he or she has carefully read the foregoing release and knows the contents thereof and signs this release as his or her own free act.

In witness whereof, Participant or Parent/Guardian of Participant has executed this release at Rockledge, FL the day and year written above.

Signature of Participant or Parent/Guardian

Date