



Office Use Only
Fee Paid _____
Date Paid _____
Session _____

Adult Intermediate Sailing Registration

Applicant's Name _____ Age _____
Print First, Middle Initial and Last Name

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Sex _____

Cell Phone: _____ E-mail address _____

Emergency Contact _____ Phone Number _____

Applicant's Physician _____ Phone Number _____

Blood Type _____ Date of Last Tetanus Injection _____

Medical Information:

Please check if you have any of the following medical conditions: Asthma or other respiratory condition _____, heart conditions _____, Diabetes or Hypoglycemia _____, Epilepsy/seizure disorder _____, or Hemophilia or other blood disorder _____.

Please check if you are allergic to insect bites _____, bee stings _____, drugs or certain medications _____. If you are allergic to any medications, please note which ones: _____

Medical Information (cont'd):

If you have any other medical conditions or disabilities that could affect your ability to learn to sail, please explain what they are: _____

If you've checked any of the above, please attach a signed statement from your doctor noting the extent of the medical condition, its stability and whether in your doctor's professional opinion it is appropriate for you to participate in the Program.

Course Information:

Chose the three class sections that best fit your schedule, then list them in order of preference:

1. _____ 2. _____ 3. _____

Signature of Applicant

Date

Return to the River Cities Community Sailing Program, P.O. Box 8111, Louisville, KY 40257-8111, along with a check for the course fee.

For Instructors Use Only:

Course Passed _____ Date _____ Instructor _____



Adult Consent and Waiver of Liability Agreement

I, _____, the undersigned request that I be allowed to participate in River Cities Community Sailing Program's (RCCSP's) adult sailing classes or activities. I understand that this agreement shall remain in effect until the conclusion of the activity or the River Cities Community Sailing Program receives written notice of the cancellation of the consent.

In being allowed to take part in the activities and to use the facilities and property of River Cities Community Sailing Program I make the following promises and warrants the truth of the following:

1. I am familiar with the adult classes and understand that officers and volunteers of River Cities Community Sailing Program are available to discuss the activities if I should wish additional information.
2. **WAIVER OF LIABILITY:** I waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of or prosecute the River Cities Community Sailing Program or any of its members, officers, board members, instructors, staff members, volunteers and affiliated organizations (herein referred to as "the releasees") for monetary damages caused by the injury to myself or damage to the property of myself arising from my participation in the activity and use of the facilities and property of River Cities Community Sailing Program, whether or not the injury or damage results from the negligence or other action, except intentional acts, of any of the releasees.
3. **ASSUMPTION OF RISK:** I am aware that the activities may involve maneuvering a sailboat on deep waters in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks, pilings and buoys. With knowledge of the dangers involved, I voluntarily ask that I be allowed to take part in the activities. I ACCEPT ANY AND ALL RISKS TO MY INJURY, DEATH, AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF RIVER CITIES COMMUNITY SAILING PROGRAM, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASEES.

- 4. INDEMNITY AGREEMENT: I agree to indemnify and hold the releasees harmless from any loss, liability, damage or cost, including reasonable attorneys fees, that may incur due to my participation in the activities and use of the property and facilities of RCCSP, whether or not such loss, liability, damage or cost results from negligence or other action, except intentional acts, of any of the releasees.
- 5. MODEL RELEASE: I agree to allow the River Cities Community Sailing Program to use any photographs, video tapes, motion pictures, audio recording or any other records of the activity and to do so without notice or compensation to myself.
- 6. SEVERABILITY: If a provision of this Agreement is or becomes illegal, invalid or unenforceable in any jurisdiction, that shall not affect the validity or enforceability of any other provision of this Agreement in that jurisdiction; or the validity or enforceability of that or any other provision of this Agreement in other jurisdictions.
- 7. JURISDICTION: This agreement shall be construed under the internal laws of the Commonwealth of Kentucky without regard to its choice of law and/or conflict of law provisions. The proper venue and original jurisdiction for all actions or proceedings arising out of or relating to this agreement shall be in the state or federal courts of Jefferson County, Kentucky, and the participant hereby waives any defense of venue and inconvenient forum for the purpose of maintaining any such action or proceeding.

This agreement constitutes the entire agreement between the participant and the RCCSP with respect to the matters herein and supersedes any previous understandings or agreements between the parties, whether oral or implied. It may not be amended or otherwise supplemented except by a written agreement between the participant and an authorized representative of RCCSP.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AN ASSUMPTION OF RISK AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASEES, AND I SIGN IT OF MY OWN FREE WILL.

Date: _____

Participant's Name (print): _____

Participant's Signature: _____



Adult Emergency Treatment Authorization

I _____ the undersigned hereby authorize the River
Participant's Name

Cities Community Sailing Program, Inc., its officers or employees to take whatever actions they believe are warranted under the circumstances for my health and safety including transporting or arranging transportation and placing me in the care of a hospital and/or any licensed doctor, dentist or other health care professional. I further hereby authorize and consent to any x-ray, examination, anesthetic, surgical or other medical diagnosis, treatment or care (in or out of a hospital) of myself rendered by a licensed medical doctor, dentist or other health care professional, at my cost and expense. It is understood that this authorization is given in advance of any such diagnosis, treatment or care that may be provided in order to provide the authority and power to render any such diagnosis, treatment or care which any such licensed doctor, dentist or other health care professional, in the exercise of his /her professional judgment, may deem advisable. It is understood that reasonable effort shall be made before securing emergency treatment to contact my emergency contact based on the information provided in the registration form, that that any treatment or care may be provided if my emergency contact cannot be reached immediately.

Accepted and signed the _____ day of _____, 2010

Signature of Participant