

Pentagon Sailing Club Registration Form for 2010 Memorial Day Raft-Up



Name: _____ Date: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Best E-mail: _____

Sailing Qualls (KBS, B-CSN, Navigator, US Sailing, etc) _____

Training Goal (Crew, Nav, Watch Capt, Skipper in trng, OTW eval) _____

I. Activity Details (Please note: **Current PSC Membership is a prerequisite for participation in all Bay Training Activities**)

- a. Total cost is \$375 per person. One Frequent Volunteer Sea Mile coupon may be used per person, per day. A minimum of a \$100 non-refundable deposit per person **must** accompany this form and the final payment must be received by 26 April 2010.
- b. Boat berthing costs, raft-up meals, and other incidental costs will be extra. These will be charged separately on each boat.
- c. Will you attend the Sunday night dinner at Calypso Bay restaurant? _____
- d. Do you have any special training needs? _____

II. Cancellation Policy

The Pentagon Sailing Club (PSC) MDRU is run exclusively by volunteer instructors and administrators. Fees for activities directly offset MDRU expenses, such as boat leasing and maintenance, slip rentals, and insurance. Because of the PSC's obligatory alignment of revenue and expenses, a cancellation policy is necessary.

1. If the **participant** must cancel his/her participation in an activity:
 - a. The fee will be refunded in full if notice of cancellation occurs more than 30 days before the activity start date, less the deposit.
 - b. The PSC recognizes that extraordinary circumstances may cause cancellation and will take that into consideration for rescheduling or refunds.
2. If the **PSC** must cancel an activity, every attempt will be made to reschedule the student to a mutually agreeable date and time. If rescheduling cannot be done, the activity fee will be refunded in full.

III. Medical Information

- A. Are there any medical or other health factors that might affect you / your child's performance in this activity? NO ____ YES ____
- B. Are you / your child taking any medications that might affect your / his / her performance in this activity? NO ____ YES ____
- C. Does the participant have a disability which requires any accommodation? NO ____ YES ____
- D. Are there any other medical or health-related problems of which we should be aware? NO ____ YES ____
- E. If YES was marked for any of the above questions, please explain. _____
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Please read: Sailing activities entail a level of risk. As such, our guideline is that *any person participating in these activities will be able to physically respond to the commands of the instructor or skipper in charge.* This guideline is for your safety, the safety of your fellow crew members, and the safety of the boat. The skipper will make the final determination of: (1) a participant's ability or inability to comply with this guideline, and (2) the limitations, if any, of a participant's participation as crew on the boat.

IV. Assumption of Risk and Release

A. VOLUNTARY PARTICIPATION

I acknowledge that I have voluntarily agreed to participate in an event on the waters of the Chesapeake Bay and its tributaries sponsored by the Pentagon Sailing Club, and involving the use of a sailboat and/or a powerboat.

B. THE RISKS

Injuries to participants in small craft programs may occur from risks inherent in the sports or activities; from placing stress on the body for which it has not been prepared, from accidents in learning, practicing, or performing techniques, from failing to follow training, safety or racing rules; from the use of transportation to and from regattas, races, and other events and from administration of first aid. For example, I might slip and fall; I might be struck by part of a boat, my boat might capsize, or I might be thrown overboard into cold water, it may hit another boat or run into an obstruction or the shore, and the collision may injure me. The severity of the injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury such as paralysis or even death. I will be exposed to the weather, including rain, wind, cold and sun; I might become ill through chill or suffer sunburn and heat exhaustion. In order to avoid injuries I will obey the direction of my instructors and will follow all safety rules.

I will tell my skipper/ instructor about any limitations or medical restrictions on my participation.

C. ASSUMPTION OF RISK

I AM AWARE THAT MOVING, LAUNCHING, HOISTING, LOWERING, SKIPPERING, CREWING, OR BEING A PASSENGER OR STUDENT ABOARD A SAILBOAT OR A POWERBOAT IN THE WATERS OF THE CHESAPEAKE BAY ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED. **I AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE:** _____

D. RELEASE

As consideration for being permitted by Pentagon Sailing Club (PSC) to participate in this activity and to use facilities and equipment furnished by PSC or others, I agree that my heirs, assigns, distributees, guardians, and representatives and I release PSC, the US Navy, and all of their affiliated organizations and their officers, directors, employees, members, volunteers, or participants (collectively, the Releasees) from all actions, claims, or demands that I, my heirs, assigns, distributees, guardians, and representative now have or may hereafter have, for injury, death, or damage resulting from my participation in this activity or while traveling to and from or being transported for this activity. I, my heirs, assigns, distributees, guardians and representative will not make any claim against or sue the Releasees or any of them for injury, death, or damage resulting from the negligence or other acts, howsoever caused by any employee, agent or contractor of PSC, the US Navy or any of their affiliated organizations as a result of my participation in this activity.

E. KNOWING AND VOLUNTARY SIGNING OF THIS DOCUMENT

I hereby acknowledge I have carefully read this agreement and fully understand its content. I am aware that this is a release of liability and a contract between PSC, the US Navy, their affiliated organizations, associated individuals, and me. I am signing this document of my own free will.

I also certify that I/my child can swim or tread water for ten minutes and don a personal floatation device during the last two minutes. I agree to abide by the Rules and Regulations, as established by PSC and the US Navy while participating in this program. I further certify that all information provided above is true and correct, to the best of my knowledge.

Participant's Name:

Last

First

MI

Signature Required

(Participant, or parent if under 18)

To reserve your spot for the 2010 Memorial Day Raft-Up, send this form and your check (made out to "Pentagon Sailing Club**") to:**

**Lynnette Hupman
2010 MDRU Raft-up Coordinator
12808 Reserve Lane
Manassas, VA 20112-8852**

For questions about the Raft-Up, contact [Lynnette Hupman](mailto:Lynnette.Hupman@erols.com) at 703-730-9671 or via e-mail at hupman@erols.com.