

SAIL TO PREVAIL

The National Disabled Sailing Program
and the Harvard Varsity Sailing Team

2022 Registration Form

September: Tuesday or Thursday - Sailing on the Charles River!



Questions? – Please contact: (401) 849-8898 or paulcallahan@sailtoprevail.org

TODAY'S DATE _____

LOCATION of DOCKS: 45 Memorial Drive, Cambridge, MA.

TIME: Please arrive at 3:00 p.m. Sailing: 3:30 to 5:30 p.m.

PARTICIPANT CONTACT INFORMATION: **Please PRINT CLEARLY.** (Your personal information is kept confidential.)

Participant (Sailor) Name _____

Address _____

City _____ State _____ Zip _____

Contact name (for updates) Name _____ Relationship: _____

Contact info (for updates) Email _____ Phone Home
or Cell _____

Emergency Contact (if different) _____ Phone Home
or Cell _____

Primary Care Physician Name _____ Phone _____

PARTICIPANT (SAILOR) PROFILE:

Age _____ Date of Birth: _____ What is your disability? _____

MEDICATION: Will you, the participant/sailor, need medication for your disability during a two-hour sail?

No. Yes: Please explain: _____

EXPERIENCE: Have you participated in Sail To Prevail programs before? Yes No, this is my first time at STP.

Sailing Skill Level: Beginner Intermediate "Seasoned Salt"

This participant **requires supervision** or assistance:

I am accompanying a disabled participant on the boat (Please check box if you are a parent, therapist, but not disabled yourself.)

I have read and signed the "Waiver of Liability." (Please submit the Waiver of Liability with this Registration Form. Each person who sails needs to have a current-year Waiver of Liability and Registration on file with Sail To Prevail.)

2022 Waiver of Liability and Assumption of Risk

(Please note: This is a legal document. You are urged to read it carefully.)

You are about to go sailing on the Charles River (or Narragansett Bay or other open body of water) on a sailboat owned by Sail To Prevail Inc., Newport, Rhode Island. In order to enjoy your sail and to make the sail a safe activity, you must comply with all of the rules and regulations of Sail To Prevail. If you have questions, please contact the Sailing Director (401-849-8898).

- **EVERYONE USING SAIL TO PREVAIL BOATS MUST WEAR A LIFE JACKET AT ALL TIMES.**
- **ALL BOATS MUST DOCK ONLY AT THE SAIL TO PREVAIL SAILING CENTER.**
- **NO ALCOHOLIC BEVERAGES ARE PERMITTED WHILE USING SAIL TO PREVAIL BOATS.**
- When sailing, stay away from yachts anchored, passing vessels, and be careful while moving through harbor channels.
- Soft sole (not black) shoes must be worn while using Sail To Prevail boats. We also suggest you bring along wind and rain gear, sunglasses and sunscreen.

I, the undersigned, seek to participate in the Sail To Prevail Sailing program conducted by Sail To Prevail, Inc., a Rhode Island non-profit corporation.

I have been informed and am fully aware of:

1. The specific risks associated with participation in sailing;
2. That in route to or from, at, or in the vicinity of the sailing area, I may be exposed to risk of personal injury, including loss of life or limb, or I may suffer property damage or loss;
3. That Sail To Prevail, Inc. gives no assurance or warranties whatsoever as to the safety of persons participating in sailing;
4. That the term "Sail To Prevail, Inc." as used in this instrument, shall mean Sail To Prevail, Inc. and its Directors, Officers, Employees, Agents, Contractors, Independent Lessees, Licensees, and their respective legal representatives, heirs, executors, administrators, successors and assigns, and any one or more of such persons or entities.

In consideration of Sail To Prevail, Inc. extending me the privilege of participating in the sailing program, I fully assume all risks in connection with my participation in the sailing program and in particular, without limitation.

1. To the extent permitted by law, I and my heirs, representative, executors or administrators and my undersigned parent or guardian (if any) remise, release, indemnify, acquit and hold harmless and forever discharge Sail To Prevail, Inc. from any and all liabilities, obligations, damages, penalties, claims, actions, causes of action, demand, judgments, executions, costs, charges, loss of services, expenses, compensation, and any and all other claims whatsoever, both at law and in equity, including, without limitation, attorneys' fees, which I may have or may be incurred by, or asserted against me by reason of any occurrences during the period of my travel to and from the Sail To Prevail, Inc. sailing program, or during my participation therein, whether resulting from acts or omissions or any persons, from the operation or condition of facilities or premises, or from acts of God or nature.
2. I agree that this instrument shall be governed by and construed in accordance with the law of the State of Rhode Island, and shall be binding upon my legal representatives, heirs, executors, administrators, successors and assigns.
3. I understand and agree that Sail To Prevail, Inc. has reserved the right to, and at any time in its sole discretion, cancel sailing or revoke any permission granted to me to participate in it.
4. I hereby acknowledge that I have been provided an opportunity to read this document, that I am fully aware of its legal effect, that I am executing it of my own free will and for my benefit in order to gain permission to participate in the sailing program and that, in doing so, I have not been subjected to any form of coercion or duress by any member of Sail To Prevail, Inc.

I grant to Sail To Prevail, Inc. full permission to videotape, film, photograph and audio tape my participation in the Sail To Prevail sailing program. And further grant Sail To Prevail Inc. permission to use said video tape, film photograph and audio tape in any educational, documentary, public relations or fundraising activity including, but not limited to, release for any media account of the sailing program.

PRINT NAME of PARTICIPANT (SAILOR)	M/F	Age	Disability/Impairment*

* One-word examples: paraplegia, SCI, amputee, Blind, Deaf, MS, Downs; or simply "physical" or "developmental." (Or, "none" if not disabled.)

Executed on this _____ day of _____, 2022

Participant Signature

Guardian: Print Name

Guardian Signature

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