

SAIL TO PREVAIL

The National Disabled Sailing Program

2024 Adaptive Sailing Program, Newport, RI AGENCY or GROUP Registration Form

(Please submit one Registration form for *the GROUP*, along with separate current-year WAIVER forms for every individual who will be sailing, including able-bodied parent, guardian, or agency staff.)

TODAY'S DATE _____ **CLIENT TYPE:** Group. How many boats needed? _____ boats x \$70 per boat
(up to 5 boats, 5 people max. per boat) scholarship (must be approved)

DOCK LOCATION: 60 Fort Adams Dr., Newport, RI (No mail receptacle at this address!)

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

Agency Name/Group Name _____

Agency's Address _____

Agency's City _____ State _____ Zip _____

Agency's Office Phone _____

Agency Person arranging this sail _____

Contact info (for schedule change) Email _____ Phone _____
(Prefer a cell phone number for text.)

Who will be **on the water**? Who is disabled? - mark Yes/No by each number. (Up to 5 boats, 5 people max per boat.)

Y/N	PRINT FIRST & LAST NAMES of PARTICIPANTS	13	
1		14	
2		15	
3		16	
4		17	
5		18	
6		19	
7		20	
8		21	
9		22	
10		23	
11		24	
12		25	

Total Disabled participants: _____ Total non-disabled participants: _____

Yes, all the signed "Waiver of Liability" forms are attached. (Please submit all *Waiver of Liability forms* with this Registration form. Each person who sails must have a current-year Waiver of Liability on file with Sail To Prevail.)

Payment (\$70 per boat) may be mailed to: Sail To Prevail - PO Box 1264, Newport, RI 02840

For further details or a weather update, contact: sailingdirector@sailtoprevail.org - 401-849-8898 Ext. 3

Fill in name of Agency here BEFORE making copies for all your sailors. ➔ AGENCY:

2024 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 Narragansett Bay (or Charles River, 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.
5. Code of Conduct: Act as ladies and gentlemen at all times; be courteous to fellow sailors; behave honorably; avoid profanity.

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 SAILOR (PARTICIPANT)	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 _____, 2024

Guardian: Print Name _____

Participant Signature

Guardian Signature