

# SAIL TO PREVAIL

The National Disabled Sailing Program

## 2024 Veterans Sailing Day – Friday, June 28, 2024

### Registration Form

Top portion of this form is for the Veteran Sailor/Participant with a disability; an able-bodied guest in the bottom portion of form.

TODAY'S DATE \_\_\_\_\_

CLIENT TYPE:  1 disabled individual  1 other accompany

LOCATION of DOCKS: 60 Fort Adams Drive, Newport, RI.  
(No mail receptacle at this address!)

Prefer 10:00 AM-Noon  
(5 boats, max 25 participants)

Prefer 1:00-3:00 PM  
(5 boats, max 25 participants)

How many miles from home to Fort Adams? \_\_\_\_\_  
(Suggestion: 50+ miles, come in the afternoon to allow for travel time.)

#### SAILOR (PARTICIPANT with DISABILITY) CONTACT INFO:

Veteran/Sailor's Name \_\_\_\_\_

Veteran/Sailor's Address \_\_\_\_\_

Veteran/Sailor's City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If SAILOR schedules self, then... Email \_\_\_\_\_ Phone <sup>Home</sup>  <sub>or Cell</sub>

Contact Person (if different than Sailor) \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Person's Email \_\_\_\_\_ Phone <sup>Home</sup>  <sub>or Cell</sub>

Sailor's Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

#### VETERAN/SAILOR (PARTICIPANT with DISABILITY) PROFILE:

M  F Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_ What is Sailor's disability? \_\_\_\_\_

BRANCH OF MILITARY: \_\_\_\_\_ Do you use a wheelchair?  Yes  No  
(Max. 2 paraplegics per boat; special seating with harness.)

MEDICATION: Will Sailor/participant need medication administered *during* a two-hour sail?  
 No.  Yes: Please explain: \_\_\_\_\_

EXPERIENCE: Has Sailor participated in Sail To Prevail programs before?  Yes  No, this is my first time at STP.  
Sailing Skill Level:  Beginner  Intermediate  "Seasoned Salt"

<b>GUEST:</b> This individual will accompany the above disabled Veteran/Sailor/participant <i>on the boat</i> :			
FIRST and LAST NAME	AGE	M/F	RELATIONSHIP TO DISABLED SAILOR Mom, Dad, Brother, Sister, Friend, Caregiver, etc.

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

**No Cost to our Veterans for this day**, but a donation may be mailed to: Sail To Prevail, PO Box 1264, Newport, RI 02840  
For further details, contact the Head Sailing Instructor: [sailingdirector@sailtoprevail.org](mailto:sailingdirector@sailtoprevail.org) - 401-849-8898 ext. 3

## 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.

<b>PRINT NAME of PARTICIPANT (SAILOR)</b>	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

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