



Office Use Only : Date Rec'd- _____	
2010 Membership Fee \$55.00	
Cash -Amt. Pd.	\$ _____
Check #	- \$ _____

NCWSA- 2010 Sailing Waiver –

(please read and sign below)

In consideration of being allowed to participate in the activities and programs of the North Coast Women’s Sailing Association (NCWSA) and Edgewater Yacht Club (EWYC), I agree and acknowledge as follows:

I, _____, am in good health and physically able to participate in the activities and programs of the NCWSA and I am covered by medical insurance. I agree to abide by the rules and regulations of the NCWSA, EWYC, the Sailing Instructions, and any other applicable rules and regulations of affiliated organizations and sponsors, including but not limited to all policies regarding sportsmanship, fair play and discipline.

I understand that sailing, like all water sports, is a dangerous activity and that wind and weather conditions may be hazardous. The risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others, the conditions in which the programs and activities take place, or the negligence of the Releasees named below. There may be other risks and social and economic losses either not known to me or not readily foreseeable at this time. Participation in the programs and activities of NCWSA and EWYC can lead to injury, including permanent disability and death. I understand it is solely my decision to embark upon, continue or otherwise participate in any particular activity at any time, and is not the decision of NCWSA. I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I may incur as a result of participation in NCWSA and EWYC’s programs and activities.

I, for myself and my executors or administrators, heir and assigns, HEREBY RELEASE, discharge, and covenant not to sue NCWSA and EWYC, their administrators, directors, agents, officers, volunteers and employees, other participating organizers, any sponsors, advertisers, and if applicable, owners and lessors of any watercraft, sailboat or powerboat on which NCWSA programs and activities take place, (each considered one of the Releasees herein) from all liability, claims, demands, losses or damages caused or allege to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees, from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Signature of Member.

Date

Print Name

2010 NCWSA MEMBERSHIP FORM

First Name: _____ Last Name _____

Email: _____

Address: _____

City: _____ St: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Team Responsibility: By signing below, each team member on a boat agrees to the responsibility of taking care of the boat. If any damage or loss of an item(s) occurs while on the boat, including at the dock, each team member is responsible for her share of the total cost of the damage or item. This includes the cost up to the boat owners' insurance deductible.

MEMBERSHIP DEMOGRAPHICS

Company Name/ _____ Occupation _____

How many years have you been sailing? _____ Racing? _____

Are you a member of EWYC? _____ Are you a member of another Club? _____

What is your age? over 60 50-59 40-49 30-39 20-29 18-20

Why are you interested in NCWSA? Racing Social Cruising/Day Sailing Educational

(Check one) *Racer*: NCWSA Newsletter by E-mail (preferred) or stamped (longer delivery)

Please select a committee on which to serve Education Merchandising Public Relations
Racing Membership Newsletter Website Social Fund Raising

MEDICAL EMERGENCY INFORMATION

Emergency Contacts

Name _____ Relation _____

Home # _____ Bus./Cell # _____

Name _____ Relation _____

Home # _____ Bus./Cell # _____

Medications / Allergies / Specific Medical Problems (check) NO YES (If yes, please list any medications, allergies or specific medical conditions and describe procedures to be followed)

I hereby give my permission for the administration of emergency medical treatment and, if necessary, to be transported to the nearest medical facility.

Signature _____ Date: _____