



### Registration Form

Session: \_\_\_\_\_

#### Student info:

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

School

\_\_\_\_\_

Grade

\_\_\_\_\_

Age

\_\_\_\_\_

Previous Sailing Experience (if any)

\_\_\_\_\_

\_\_\_\_\_

#### Parent/Guardian Name info:

\_\_\_\_\_

Name

\_\_\_\_\_

Address (if different)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Work Phone

\_\_\_\_\_

Home Phone

\_\_\_\_\_

E-Mail

#### Emergency Contacts:

\_\_\_\_\_

Name

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Relationship

\_\_\_\_\_

Name

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Relationship

Sign In / Sign Out (additions to this list must be specified to the KSS director):

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

### Medical and Emergency Information Form

Student info:

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Name

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Date of Birth Gender

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Address

---

City State Zip Code

Emergency Contact info:

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Name Relationship to Student

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Cell Phone Work Phone Home Phone

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Insurance Company Policy / Group #

Medical info:

Does the child have any disease or recent surgeries? If YES, please explain.

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YES NO

Does the child take any medication? If YES, please list.

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YES NO

Does the child have any allergies? If YES, please list.

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YES NO

Please describe any additional medical conditions that may affect your participation in DC Sail activities:

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I hereby acknowledge that all known medical conditions, surgeries, and medications have been listed or described in this form. I consent to receive treatment in the event of my injury, accident or illness during any DC Sail activity on Gangplank Marina property.

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Name (print) Signature Date

All medical information disclosed in this form will remain confidential to DC Sail/NMHF.

**Parental Consent and Waiver of Liability  
Assumption of Risk - Indemnity Agreement**  
Kids Set Sail EDUCATION PROGRAM

I, the undersigned parent or legal guardian of \_\_\_\_\_ (herein referred to as my "Child"), request that my Child be allowed to participate in the National Maritime Heritage Foundation's Kids Set Sail Education Program (herein referred to as "the Program"). This consent agreement shall remain in effect until the National Maritime Heritage Foundation (herein referred to as the "NMHF") receives written notice of the cancellation of this consent, or until the conclusion of the Program. In return for my Child being permitted to take part in the activities and to use the facilities and property of the NMHF, I make the following promises and warrant as to the truth of the following facts.

1. I am familiar with all of the activities included in the Program, and I understand that employees of the NMHF are available to discuss these activities if I should wish additional information. I also understand that I am solely responsible for the delivery and the pick up of my Child at the NMHF facility. I agree that the NMHF assumes no responsibility for the supervision of my Child at times other than during the Program. I will inform my Child that he/she is expected to cooperate with, and follow the directions of, the persons in charge of the activities and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others.
2. My Child is in good health, and I know of no reason why he/she would be incapable of participating in all of the Program activities. I will immediately notify the NMHF, if a change in my Child's health or other condition would affect my Child's ability to participate in the Program.
3. I hereby waive and release any right I, my heirs, distributees, guardians, legal representatives and assigns may have or acquire to make a claim against, sue, attach the property of, or prosecute the NMHF or any of its members, governors, officers, agents, instructors, and affiliated organizations (herein referred to as "the Releasees") for monetary damages caused by injury to my Child or damage to the property of my Child or myself arising from my Child's participation in the activities and use of the facilities and property of the NMHF, whether or not the injury or damage results from the negligence or other action of any of the Releasees.
4. I am aware that the activities involve maneuvering a boat, on deep waters in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters and collision with other watercraft or stationary objects such as docks, pilings, and buoys. With knowledge of the dangers involved, I voluntarily ask that my Child be allowed to take part in the activities. **I ACCEPT ANY AND ALL RISKS TO MY CHILD OF INJURY, DEATH, AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF THE NMHF, GANGPLANK MARINA, THE GOVERNMENT OF THE DISTRICT OF COLUMBIA, ITS ELECTED OFFICIALS, OFFICERS AND EMPLOYEES, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER ACTION OF ANY OF THE RELEASEES.**
5. I give the NMHF permission to publish photos, videos and recordings taken of my Child during the activities related to the Program. I understand that neither my child nor I will be paid any royalty or other compensation and we give up any right we may have to payment if a photo, video or recording is published.
6. I agree to indemnify and hold harmless the Releasees from any loss, liability, damage or cost, including reasonable attorneys fees, they may incur due to my Child's participation in the activities and use of the

property and facilities of the NMHF, whether or not such loss, liability, damage or cost results from the negligence or other action of any of the Releasees.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASEES, AND I SIGN IT OF MY OWN FREE WILL.**

SIGNATURE OF PARENT OR GUARDIAN:

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Sign Name

Date

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Print Name

Date