

Crescent Sailing Association at Crescent Sail Yacht Club

("Crescent")

Adult Learn to Sail Program

Insuring Agreement

Limited Limitation of Liability

Promise not to Sue and Indemnity Agreement

As a participant in Crescent's Adult Learn to Sail Program ("Program"), I recognize the dangers associated with water sports generally and with sailing and sail racing in particular.

I further represent and warrant that I am covered by health insurance. I agree, to the extent that the insurance is called upon to indemnify as a result of injury to or any fault attributable to the Participant, the foregoing insurance.

In consideration for Crescent allowing me to participate in the program, I promise not to sue, and release and forever discharge, Crescent and All Those Involved for personal injury or property damage in excess of insurance coverage available.

"All Those Involved" includes Crescent Sail Yacht Club, Crescent Sailing Association, Inc., their officers, directors, Adult Sailing Director, committee members, managing agents and employees, other participants, instructors, members of the race committee, Workboat operators, and owners and anyone else who is providing services for the Program who it is claimed may be responsible for personal injury or property damage to me.

In the event that All Those Involved are sued because of fault attributable to me, in excess of insurance available to All those Involved, I hereby promise to hold harmless, defend and indemnify All Those Involved from and against all claims, actions and causes of action for money damages in excess of insurance available to All Those Involved, including, the costs, expenses and attorney fees associated with said suit.

The Participant identified below acknowledges receipt and agreement with the foregoing. This agreement shall be construed and interpreted as provided by Michigan Law.

Participant's Name
(Please Print)

Participant's Signature

Date

Adult Learn to Sail Application

Crescent Sailing Association at Crescent Sail Yacht Club
c/o Loretta Rehe
19831 Huntington Ave
Harper Woods, MI 48225

Today's Date: _____

Please Print
Name _____

Address _____

City _____, Michigan, Zip _____

Home Phone (____) - _____

Work or Cell Phone (____) _____

E-mail address (mandatory) _____

Are you currently a member or relative of a CSYC member?

Yes _____ What is your relationship? _____ No _____

Are you a member of another boat/sail club? Yes _____ No _____

Name of Club _____

Do you currently own any type of sailing craft? Yes _____ No _____

What kind? _____

Can you swim? Yes _____ No _____

Are there any limitations of which our instructors should be aware?

Do you have ANY sailing experience? Yes _____ No _____

If yes, please give some details.

What was your best/worst sailing or boating experience?

Where did you hear about the Adult Learn to Sail Program?

Rank the day of the week you prefer to take your lesson. 1=1st choice, 2=2nd choice,
X=absolutely unable to take a lesson on that night. You must provide two nights on which you
can sail. Monday _____ Tuesday _____ Thursday _____

You will be required to supply your own US Coast Guard PFD to be worn when on the water.

PLEASE READ AND SIGN THE AGREEMENT ON THE REVERSE SIDE