



Herreshoff Institute Summer Seamanship Program 2012 Registration

One Burnside Street, PO Box 450
Bristol, Rhode Island 02809 USA
Phone: 401.253.5000
Fax: 401.253.6222
www.herreshoff.org/programs/sailing_school.html

The mission of the Herreshoff Institute Seamanship Program is to teach safety, seamanship, and the principles of sailing, with the goal of promoting responsibility, accountability, and self-reliance on and off the water.

STUDENT INFORMATION

Name: _____ Gender: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Name of Parent/Guardian 1: _____ Contact Phone(s): _____

Name of Parent/Guardian 2: _____ Contact Phone(s): _____

Physician Name: _____ Phone: _____

Does student have allergies to food, medication, other? If so, please list: _____

Does student take daily medication? If so, please list medication(s) and condition(s) being treated: _____

Does student have a history of, or currently have, any physical limitations that might prevent or challenge his/her full participation? _____

WAIVER OF LIABILITY AND MEDIA RELEASE

I, _____ (student, or parent/guardian if under 18), wish to have _____ participate in the Herreshoff Institute Seamanship Program. I understand and consent to the following:

1. A swim test is a pre-requisite for enrollment, and I give permission for swimming under instructor's supervision.
2. Coast Guard approved life jackets will be worn by the student whenever he/she is in a boat or on the docks.
3. The Herreshoff Institute may revoke all sailing privileges for violation of any rules or regulations.
4. I accept the payment terms as listed above (or as amended through the award of a scholarship) and agree to make payments as per the stipulated schedule.
5. I acknowledge that sailing entails some risk, and I agree to indemnify and hold harmless the Herreshoff Marine Museum (HMM), its officers, directors, members, affiliates, employees, volunteers and helpers for any claim of any persons for damages or personal injury whatsoever that may be sustained or caused by the above-named student while participating in any activity of the Herreshoff Marine Museum.
6. I consent to my child being photographed, interviewed and/or videotaped by representatives of HMM and media outlets (newspaper, T.V. & radio stations, etc.). Any information or images obtained from those activities may be reproduced by HMM, its sponsors, and/or the public media for use in advertising, publicity or educational activities, including but not limited to web sites, publications, videos, print and television news. I hereby waive any claims I may have, and release HMM and its representatives from liability of claims arising out of such activities.

Signature (Student, or parent/guardian if under 18)

Date

