

Gulfstream Sailing Club
P.O. Box 1124 Fort Lauderdale, FL 33302
Gulfstreamsailingclub.org

ADULT LEARN TO SAIL REGISTRATION Class Date: Sailor's Name: Address:			
		City:	Zip:
		Primary Phone #:	_
Primary Email:			
EMERGENCY CONTACT NAME:			
Phone:	_		
Relationship:	_		
	urse, I agree use utmost care in the use of the lub reserves the right to charge participants e of the equipment.		
in this program. I further hereby release Gul- officers of this entity, instructional program of US SAILING, and their representatives of any arising out of any sailing activities or related claims I may have arising out of any services activities of any nature related to sailing acti- Club, including all officers of this entity, inst	duct of this course entail and are subject to on land and on the water, of the participation fstream Sailing Club, including all of the directors, sailing instructors and assistants, y and all claims I may have against them activities, regardless of where located, and any provided by Gulfstream or arising out of any vity. Further, I agree to hold Gulfstream Sailing cructional program directors, sailing instructors sentatives harmless for any and all claims, and for any claims or losses they may suffer by unity agreement shall be for all personal as of any nature relating to or arising out of		
Applicant's Signature:	Date:		
	me may be used at any time without re-		

Applicant's Signature: _____ Date: ____