

STEMsail RYC Student Registration Form

For questions about the STEMsail program, please contact David Anderson

Email: davidmanderson2@gmail.com

Phone: 303-641-6223

A SIGNED COPY OF THIS FORM MUST BE GIVEN TO THE REGISTRAR BEFORE YOUR CHILD CAN PARTICIPATE.

* Required

Sailor's First Name *

Sailor's Last Name *

Street Address Line 1 *

City, State, Zip *

Parent/Guardian First and Last Name *

Parent/Guardian Street Address, City, State, Zip *

Parent/Guardian Primary Phone Number and Area Code*

Parent/Guardian Email Address *

Birth Date * Please insert the student's birth date

Gender *

RYC Membership * To participate in the STEMsail program you must hold a Richmond Yacht Club (RYC) Junior Membership. If you are not currently a junior member, you can purchase Junior Membership for a one-time, non-refundable fee of \$44.92. STEMsail scholarships will be made available to pay this fee.

Sailing Level * Please let us know if your child is a Beginner, Intermediate, or Advanced sailor. Please circle as appropriate:

Beginner Intermediate Advanced

MEDICAL AND EMERGENCY INFORMATION

Medical Condition * Please list any medical condition your child has. In case of emergency this information will be shared with emergency personnel.

Medication * Please list any medication your child takes. In case of emergency, this information will be shared with emergency personnel.

Date of last tetanus shot (mm/dd/yr) * If this sailor has not had a tetanus shot, write N/A in the field below.

Date of latest COVID immunization (mm/dd/yr)*

Boosted (circle appropriate)* Yes No

Name of Physician *

Physician's phone number, and area code *

Medical Insurance Carrier Name and Phone Number *

Medical Insurance Policy or ID Number *

Emergency Contact (Name, Phone Number with Area Code, Relationship) * If you cannot be reached in case of an emergency, this emergency contact will be called

ASSUMPTION OF ALL RISKS, WAIVERS, AND RELEASE

I acknowledge that sailing and its related activities carry various risks of property damage, injury and even death. In return for permitting me to participate in the **STEMsail** program (hereinafter referred to as "the event" or "program"), I, on behalf of myself and anyone else who might or could make a claim if I am injured or killed or my property is damaged, DO HEREWITH VOLUNTARILY ASSUME ANY AND ALL RISKS OF ALL SUCH ACTIVITIES. BY THIS DOCUMENT, I EXPRESSLY INTEND TO AND DO HEREWITH WAIVE IN ADVANCE, AND DO HEREWITH RELIEVE AND RELEASE ALL THOSE PERSONS AND ENTITIES INVOLVED IN ANY WAY IN PUTTING ON THE EVENT (the Richmond Yacht Club (RYC), Richmond Yacht Club Foundation and the STEMsail organization, their officers, directors, members, volunteers, employees, servants, agents, contractors, subcontractors, heirs, next of kin, successors, or assigns, all hereinafter collectively referred to as "Hosts") FROM, ANY AND ALL LIABILITY FOR PERSONAL INJURY, DEATH, AND/OR DAMAGE TO PROPERTY, ARISING OUT OF OR IN ANY WAY CONNECTED TO MY PARTICIPATION IN THE EVENT AND/OR ANY RELATED ACTIVITIES, prior to, during, or after the event, whether on or off the water, EVEN IF SUCH INJURY, DEATH, AND/OR DAMAGE IS CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR OTHER FAULT OF SUCH PERSONS OR ENTITIES, BY THE DANGEROUS OR DEFECTIVE CONDITION OF ANY PROPERTY, PREMISES (including but not limited to the Club, docks, ramps, floats, etc.) OR EQUIPMENT OWNED OR MAINTAINED OR CONTROLLED BY THEM, AND/OR BECAUSE OF THEIR LIABILITY WITHOUT FAULT.

I agree that the jurisdiction and venue for any dispute will be Contra Costa County, California, and that California law will govern any arbitration or litigation. If any provision of this Waiver and Release is determined to be illegal, unenforceable, or otherwise invalid for any reason, such provision will be deemed to be severed and deleted. Neither such provision nor its severance and deletion shall in any way affect the validity of the remaining provisions. I have read this agreement and fully understand its contents. I am aware that this is a release of liability and a waiver of all claims, and I sign of my own free will.

MEDICAL EMERGENCY: In case of an emergency due to illness or accident, when the STEMsail or Richmond Yacht Club (RYC) personnel cannot contact a Parent/Guardian or Emergency Contact(s), the STEMsail or RYC authorities have our permission to use their best judgment in the interest of our child's health. It is understood that the effort shall be made to contact the undersigned prior to rendering treatment to the patient, but

that the treatment will not be withheld if the undersigned cannot be reached. I/We understand that STEMsail, the Richmond Yacht Club and the Richmond Yacht Club Foundation do not provide accident medical insurance for the program participants. I/We further understand that all costs related to medical treatment shall be my/our responsibility and not the responsibility of STEMsail or Richmond Yacht Club personnel. I/We further understand that STEMsail or Richmond Yacht Club personnel may release any medical information to the medical providers.

COVID Protocols: All efforts will be made to provide a safe environment during the conduct of the program. COVID is a highly contagious disease. **The use of the RYC and its facilities is at your own risk.** The RYC is not in a position to validate or verify the efficacy of preventive measures, and the RYC cannot guarantee a risk-free environment in any location. By signing this document, you acknowledge this and release the Richmond Yacht Club, Richmond Yacht Club Foundation and the STEMsail organization from all liability or claims due to injury, loss, or death from or related to COVID-19.

PARENT/GUARDIAN Signature for Assumption of all risks, waivers and release *

PARENT/GUARDIAN PLEASE PRINT YOUR NAME AND TODAY'S DATE BELOW. The undersigned does hereby represent that he/she is, in fact, acting in such capacity and on behalf of himself/herself and the above-named child, agrees to and accepts all of the terms and provisions of foregoing WAIVER AND RELEASE OF LIABILITY. The undersigned further authorizes and consents to emergency medical treatment for the child should the same become reasonably necessary during the child's participation in the event and/or any related activities. I further agree to abide by THE RULES of the Richmond Yacht Club.

* PARENT SIGNATURE DATE

I, the undersigned, agree to abide by THE RULES of the Richmond Yacht Club, and to treat members, class mates and instructors with respect.

* STUDENT SIGNATURE DATE