



# PMYC Sailing School Application



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

Class times based on high tides for each session.

Fee: Youth (10-19)      \$0                      Adults                      \$100

Student Name: \_\_\_\_\_ Age \_\_\_\_\_ (required for minors)

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Requirements: Be able to swim; be over 10 years old. Must wear life vest at all times on the dock and in the boats!

## RELEASE OF LIABILITY

In consideration for being permitted to participate in the Petit Manan Yacht Club (PMYC) Sailing Program I/we hereby represent that I/we understand that sailing is a high risk activity which could result in accidental serious bodily injury or death. I/we represent that all who intend to participate are competent swimmers, and I/we understand that I/we can participate in the program and in the supervision of our children. We hereby agree that I/we, my/our heirs, legal representatives, assigns, and children will not make any claim against, sue, attach the property of, or prosecute PMYC, its officers, directors, or members, as a result of our participation in the Sailing Program. In addition, I/we hereby release and discharge PMYC, its officers, directors, and members from all actions, claims or demands that I/we, my/our heirs, legal representative, assigns, or children now have, may hereafter have for injury or damage resulting from our participation in the PMYC Sailing Program.

I/we have carefully read this agreement and fully understand its contents, and am aware that this is a release of liability between myself/ourselves and PMYC.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Make check out to: PMYC  
Mail application & check to:  
George Arey  
Attn: Sailing School  
PO Box 65  
Milbridge, ME 04658