



## 2010 PROGRAM REGISTRATION FORM

Participant Name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
FIRST M.I. LAST

Mailing Address: \_\_\_\_\_  
STREET/ P.O. BOX TOWN STATE ZIPCODE

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

Gender: M / F

Cell Phone: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

Age (if under 18): \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

Are you a NWMC/WBF member?

Yes \_\_\_

No \_\_\_ Join or renew to receive program discounts as well as other member benefits.

### 2010 Program Information

**2010 Program Information** is available online at [www.nwmaritime.org](http://www.nwmaritime.org) or call (360) 385-3628

**General:** You may register for more than one program on this form.

**Fees:** Please refer to 2010 Program Schedules for program fees or call.

**Scholarships:** To apply, please request a Scholarship Application and submit with registration.

### Select Your Program Choices:

List your program choices below by listing the **program code - found on program brochure.**

*\*Please describe any sailing/boating experience (if any) on the back of this form.*

	<u>First Choice:</u>	<u>Second Choice:</u>	<u>Third Choice:</u>
1. Program Code:	_____	_____	_____
2. Program Code:	_____	_____	_____
3. Program Code:	_____	_____	_____

### Payment:

Full tuition is due with Registration Form. A payment schedule is available, if needed.

\$ \_\_\_\_\_ Tuition Total

\$ \_\_\_\_\_ **I would like to add a tax-deductible gift for the Scholarship Fund for youth who otherwise would not be able to participate in our Maritime Programs.**

\$ \_\_\_\_\_ Payment included with Registration

\$ \_\_\_\_\_ Amount Due

**Pay by Check:** Payable to: Northwest Maritime Center

**Pay by Credit Card:** MasterCard or VISA

Card # \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

### Refund Policy:

- Cancellations must be received in writing (email ok) one week prior to the first day of class. Program fees less 30% will be refunded.
- Cancellations made less than 7 days prior to the first day of class will not be refunded.
- If NWMC & WBF cancels a program, 100% of fees will be refunded or a reschedule option may be arranged.

### THE NORTHWEST MARITIME CENTER & WOODEN BOAT FOUNDATION

431 Water Street, P.O. Box 82, Port Townsend, Washington 98368

Phone: (360) 385-3628 x103 • Fax: (360) 385-4742 • Email: [rob@nwmaritime.org](mailto:rob@nwmaritime.org)

[www.nwmaritime.org](http://www.nwmaritime.org)



**2010 RELEASE AGREEMENT**

- A separate agreement is required for each child, minor or adult.
- Parent or legal guardian for children under age 18 must sign agreement s for self and on behalf of child.
- Participation in any program/event of the Northwest Maritime Center and Wooden Boat Foundation constitutes acceptance of these Waiver of Claims of Limitations of Liability Terms, with or without a confirming signature.

**PLEASE PRINT:**

Participant Name: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_  
FIRST M.I. LAST

**PARENT/GUARDIAN OF MINOR PARTICIPANT (if under 18):**

Name of Parent/Guardian of Minor: Mr./Mrs./Ms. \_\_\_\_\_  
PLEASE CIRCLE FIRST M.I. LAST

**Medical Release/Authorization:** I hereby give permission to the Northwest Maritime Center and Wooden Boat Foundation staff and/or any adult member of the participating group to transport myself/my child to a doctor and/or hospital for treatment. I authorize all medical, surgical, diagnostic and hospital care procedures which may be performed or prescribed for myself/or my child by a licensed physician or hospital, when efforts to contact me are unsuccessful, and when deemed immediately necessary or advisable by the physician to safeguard myself/or my child. I waive my right of informed consent to such treatment. *If, for religious or other reasons, you wish NOT to authorize treatment, please attach a letter of explanation.*

**Participation Liability Release:** I acknowledge that I have voluntarily chosen and hereby grant permission for myself/my child to participate in a program/event conducted by the Northwest Maritime Center and Wooden Boat Foundation. Specifically, on my own behalf, and if a parent or authorizing adult, on behalf of my child and all other related or affiliated participants, I agree as follows:

**Waiver of Claims:** I/my child recognize that Northwest Maritime Center and Wooden Boat Foundation and affiliated parties' vessels, equipment, and facilities may not be safe at all times or under all circumstances. I/my child further recognize the inherent dangers of sailing and water-related activities. I/my child, as a specific condition of participation, therefore release and waive any and all claims for property damage or personal injury resulting from the actions of the Northwest Maritime Center and Wooden Boat Foundation, its employees, and/or volunteers, and/or any affiliated third parties. Without limiting the foregoing, I/my child specifically waive all claims against the Northwest Maritime Center and Wooden Boat Foundation, its employees, and/or volunteers, and/or affiliated third parties, for any and all direct, incidental, and consequential damages relating in any way to the Northwest Maritime Center and Wooden Boat Foundation, its programs or events.

**Limitations of Liability:** Without limiting the foregoing, I/my child hereby further consent to the specific limitation of liability of the Northwest Maritime Center and Wooden Boat Foundation, its employees, and/or volunteers, and/or affiliated third parties, under any and all claims by me/my child, whether direct, indirect, or to be paid to a third party, to refund of my/my child's participation fee. I agree that under no circumstances will any claim that I/my child make, direct or indirect, of whatever kind or nature, against the Northwest Maritime Center and Wooden Boat Foundation, its employees, and/or volunteers, and/or affiliated third parties, exceed my/my child's participation fee. I/my child expressly recognize and agree that the Northwest Maritime Center and Wooden Boat Foundation, its employees, and/or volunteers, and/or affiliated third parties, are under no circumstances liable for the conduct of any other parties during or related to a Northwest Maritime Center and Wooden Boat Foundation program. I/my child expressly waive any claims for personal injury, property damage, or otherwise, against the Northwest Maritime Center and Wooden Boat Foundation, its employees, and/or volunteers, and/or affiliated parties, caused by or related in any way to the conduct of other parties.

**Own Insurance:** I/my child understand I/we are strongly advised to procure our own prudent levels of insurance for our property, our children, and ourselves covering program/event participation. I/my child understand and recognize, under the Waiver of Claims and Limitation of Liability above, that I/my child must and will look solely to my/my child's own insurance, if any, for any loss occurring at, or relating to, any Northwest Maritime Center and Wooden Boat Foundation program/event. I/my child understand and agree that the Northwest Maritime Center and Wooden Boat Foundation has no obligation to procure insurance on my/my child's behalf.

**Indemnification:** I/my child understand and agree on behalf of all other related or affiliated parties, including minors, participating with me/my child, that these parties are also subject to the above Waiver of Claims and Limitations of Liability. I expressly consent to this Waiver of Claims and Limitation of Liability on behalf of such parties. I/my child agree to completely indemnify and hold harmless the Northwest Maritime Center and Wooden Boat Foundation, its employees, and/or volunteers, and/or affiliated third parties, from any claim from any third party, minor or otherwise, participating in connection with my/my child's participation in any Northwest Maritime Center and Wooden Boat Foundation program/event or under the authority of myself/my child, except that arising solely from the negligence of the Northwest Maritime Center and Wooden Boat Foundation, to the maximum extent permitted by law. Understanding that damages may be caused to others by or related to my/my child's participation in a Northwest Maritime Center and Wooden Boat Foundation program, I/my child agree to completely indemnify and hold harmless the Northwest Maritime Center and Wooden Boat Foundation, its employees, and/or volunteers, and/or affiliated third parties, from any claim from any third party arising from or related to my/my child's participation, plus all costs, expert fees, and attorneys fees, except that arising solely from the negligence of the Northwest Maritime Center and Wooden Boat Foundation, to the maximum extent permitted by law.

**No Modification/Consent by Participation:** This Waiver of Claims and Limitation of Liability may not be bypassed or modified by any person without the express written consent of the Board of Directors of the Northwest Maritime Center and Wooden Boat Foundation. This Waiver of Claims and limitation of Liability affects your rights; State law and/or Federal law may give you other rights.

**Note: Participation in any program/event of the Northwest Maritime Center and Wooden Boat Foundation constitutes acceptance of these Waiver of Claims and Limitations of Liability Terms, with or without a confirming signature.**

**Rules:** I/my child agrees to follow all safety procedures as set forth by the Northwest Maritime Center and Wooden Boat Foundation while participating in any Northwest Maritime Center and Wooden Boat Foundation program/event; to not engage in any disruptive, reckless or irresponsible behavior; to display care in the use of program boats and equipment; to repair or replace all equipment or property damaged by myself/my child whatever the cause. Failure to abide by these rules may result in suspension or expulsion from the program/event, which will result in forfeiture of tuition/fees and immediate dismissal.

**Photo Release:** I hereby give permission for the Northwest Maritime Center and Wooden Boat Foundation staff and/or any person acting on their behalf to photograph myself/my child and allow the Northwest Maritime Center and Wooden Boat Foundation to use these pictures as it sees fit. I release all publication rights to said photos.

I state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my voluntary act and intend to be bound by these terms. I HAVE FULLY INFORMED MYSELF OF THE CONTENT OF THIS AGREEMENT BY READING IT BEFORE I SIGNED IT.

Participant's Signature (even if a minor) X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**IF PARTICIPANT IS A MINOR:**

Signature of Parent/Guardian of Minor X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Natural/Adoptive Parent

\_\_\_\_\_ Legal Guardian

Revised: February 5, 2010

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NORTHWEST MARITIME CENTER  
& WOODEN BOAT FOUNDATION  
A CENTER FOR MARITIME EDUCATION



**2010 MEDICAL FORM**

**Dear Participant:** The Northwest Maritime Center and Wooden Boat Foundation (NWMC/WBF) offers on the water programs for participants of all ages. In the interest of the personal safety for yourself and other participants, please carefully fill out this medical form. We appreciate you sharing this information with us for our records, as it is intended to help in the event that you need medical assistance while participating in our program. Participants are responsible for all medical expenses.

**ALL INFORMATION IS STRICTLY CONFIDENTIAL.**

**1) Participant Name**

\_\_\_\_\_  
FIRST                      M.I.                      LAST

Height                                      Weight                                      Male      Female  
\_\_\_\_ ft. \_\_\_\_ in.                      \_\_\_\_\_ lbs.                                      **O**                      **O**

**2) Family Physician**

\_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

**3) Emergency Contact**

\_\_\_\_\_ Relationship  
FIRST                                      LAST

Home Phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

**Please fill out questions 4 and 5 if the participant is a minor (under the age of 18).**

**4) Father/Guardian**

\_\_\_\_\_  
FIRST                      M.I.                      LAST

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (H) (\_\_\_\_) \_\_\_\_\_

Phone (W) (\_\_\_\_) \_\_\_\_\_

Phone (CELL) (\_\_\_\_) \_\_\_\_\_

**5) Mother/Guardian**

\_\_\_\_\_  
FIRST                      M.I.                      LAST

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (H) (\_\_\_\_) \_\_\_\_\_

Phone (W) (\_\_\_\_) \_\_\_\_\_

Phone (CELL) (\_\_\_\_) \_\_\_\_\_

**Please Note:** Each participant is responsible for his/her medical expenses and should be covered by his/her own medical insurance.

**5) Insurance**

The following question must be answered for our insurance records.

Is applicant covered by a medical insurance policy?                     yes     no

Insurance Company _____	Policy # _____
Phone # (____) _____	Name of Policy Holder _____

**6) Personal History**

A. Do you have allergies to any medicines, foods, bites and stings, etc?     yes     no  
If “yes”, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Will you take any prescription and non-prescription medications during our program?  
 yes     no

<u>Med. &amp; Dosage</u>	<u>Side Effects/Restrictions</u>	<u>For what condition?</u>
_____	_____	_____
_____	_____	_____

C. The NWMC/WBF requires a tetanus immunization within 10 years of the program.

When was your last tetanus inoculation? \_\_\_\_/\_\_\_\_/\_\_\_\_

D. Are there any other health issues or restrictions that our program staff needs to be made aware of for your safety during your participation with the NWMC/WBF programs?  
If “yes”, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**There is no smoking or drinking of alcohol allowed in any of NWMC/WBF programs.**