

s/v Kiskeedee
Ellen Sokol
USCG licensed captain
Jean Claude Wyszynski
Captain

Sailing Adventures in the Bahamas

s/v Ubuntu
David Milton
USCG licensed captain
Lori Gudmundson
First mate

ENROLLMENT FORM

PARTICIPANT INFORMATION

Name _____

Email _____

Cell _____ Birthdate _____

Passport issuing country _____ Passport # _____

School _____

Mailing address: _____

PARENT OR GUARDIAN CONTACT INFORMATION

Name _____ Cell _____

Email _____

Name _____ Cell _____

Email _____

IN CASE OF EMERGENCY, NOTIFY

Name _____ Relationship _____

Email _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____

2nd Phone # _____

Alternate Contact Person:

Name _____ Relationship _____

Phone # _____

2nd Phone # _____

MEDICAL/HEALTH INFORMATION FOR PARTICIPANT

Are you now, or have you ever been treated for any of the following:

- Yes No Sinus trouble Yes No Earaches/infections
- Yes No Epilepsy Yes No Abdominal problems
- Yes No Asthma Yes No Fainting spells
- Yes No Seizures Yes No High blood pressure
- Yes No Heart condition Yes No Frequent diarrhea
- Yes No Diabetes Yes No Allergy to insects or jellyfish stings

Allergies or reactions to medication? Yes No

What medications _____

Any mental illness? Yes No

Explain _____

Have you had more than a brief illness, injury, or emotional difficulty during the past year? Yes No

If so, what _____

Have you had any operations, serious injury or hospitalization within the last year? Yes No

If so, what _____

Any restriction of activity for medical reasons? Yes No

Explain _____

Have you taken any medication for more than 2 weeks in the past year? Yes No

What _____ Why _____

Are you now taking any medication or treatment? Yes No

What _____ Why _____

Any special dietary needs? Yes No (We may ask you to please bring food to supplement your special needs.)

Please list _____

Your medical conditions do not necessarily preclude you from taking part, but we must have relevant details in order that we may ensure your health and safety while on board.

AGREEMENT AND LIABILITY RELEASE STATEMENT

Please enroll _____ in the Sailing Adventures in the Bahamas program for the dates of _____.

I, the undersigned, hereby confirm that I will be traveling on board Sailing Yacht KISKEEDEE, owned by Ellen Sokol or on board Sailing Yacht UBUNTU, owned by David Milton and Lori Gudmundson.

I agree to follow the rules and requirements for safety and well-being of the Sailing Adventures in the Bahamas program, including but not limited to the prohibition of possession and use of illegal drugs or any tobacco products on board either vessel. I understand that I will not be permitted on board either vessel intoxicated, and that if I am taken off or not permitted on board I will be responsible to find and pay for an earlier flight home or pay for a hotel until my flight date.

I agree that I may also be responsible for my willful or accidental damage to or destruction of equipment or to the sailboat itself.

CONSENT TO MEDICAL TREATMENT AND PAYMENT FOR EXPENSES

I do hereby authorize Ellen Sokol, Jean Claude Wyszynski, David Milton and Lori Gudmundson to consent, on my behalf, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician or health care practitioner. I understand that while there are medical clinics and personnel in the Abaco islands for treatment of minor problems and injuries, in the case of a major medical emergency, I would likely need to be transported by air back to the United States or to Nassau for treatment.

I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

ASSUMPTION OF RISK OF INJURY

I acknowledge and fully understand that I will be engaging in activities that could involve risk of injury to me. I assume the foregoing risks and accept personal responsibility for the damages and medical or other expenses following any injury, permanent disability or death.

I covenant not to sue and to release, waive and discharge Ellen Sokol, Jean Claude Wyszynski and Kiskeedee Sailing Charters, and David Milton, Lori Gudmundson and Creative Vision Arts, Inc. (the "released parties") from any and all liability for any and all claims, demands, losses or damages on account of injury, including death or damage to property, however caused or alleged to be caused in whole or in part, including, but not limited to negligence of the released parties or by my own negligence.

If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNS IT VOLUNTARILY.

I am eighteen years of age or older, have read the above agreement, and confirm that the information contained therein is true and accurate.

Name _____ Date _____

(Participant Signature)

(Parent or Legal Guardian Signature for Minors under 18 Years Old)