# SAIL MV SUMMER 2010 ADULT REGISTRATION

P.O Box 1998, 110 Main St, Vineyard Haven, MA, 02568, 508-696-7644 Office, 508-696-7868 Fax
sail_mv@verizon.net www.sailmv.com

**All participants must be members of SMV**

NAME:_____SEX ___ (M) ___ (F)

ADDRESS_____
Street / P.O. Box City Zip

TELEPHONE_____ (H)_____ (W) D.O.B___ /___/___ Age_____

❑ **Session 1: Thursdays: 7/01, 7/08, 7/15, 7/22**
**Time: 3-6 pm**

❑ **Session 2: Thursday s: 7/29, 8/5, 8/12, 8/19,**
**Time: 3-6 pm**

## Cost: $200 per Session + Annual membership of $100

**WAIVER OF LIABILITY:**
I agree that I will release, discharge and/or otherwise indemnify Sail Martha's Vineyard, its affiliated personnel, including owners of the boats and facilities used for the Program, against any claims by or on behalf of the participant as a result of the participants activities in the program and/or while being transported to or from the same, which transportation I hereby authorize.

SIGNATURE:_____ DATE: _____

IN CASE OF EMERGENCY CALL:

| NAME | RELATIONSHIP | PHONE NUMBER |
|---|---|---|
| | | |
| | | |

*Sail MV complies with regulations of the Massachusetts Department of Public Health and is licensed by the local Board of Health.*