

**CHESAPEAKE BAY MARITIME MUSEUM
SUMMER SAILING PROGRAM
LIABILITY RELEASE AND ACCEPTANCE OF RESPONSIBILITY**

Participant(s): _____
—

Class # and
dates: _____

The Chesapeake Bay Maritime Museum welcomes your child's participation during this season's Community Sailing Program. The following procedures have been established to ensure not only the safe operation of our JY 15 sailboats, but also, and most importantly, the safety of all participants.

- Participants MUST complete consent and release form (see reverse side).
- Participants MUST register and pay for the sailing. Life jackets are required to be worn at all times.
- Participants MUST follow directions applying to equipment management, established sailing boundaries, use of appropriate community sailing language, sailing times, and excessive enjoyment.
- We sail when it rains, but do not when there is any sign of thunder or lightning, of course; however, the Sailing Program Coordinator or course instructor makes this judgment.

Should you have any additional questions or concerns, please do not hesitate to contact Kate Livie at (410) 745-4947, or klivie@cbmm.org

I, _____
(please print name)

individually recognize and assume the attendant risks and special hazards of sailing and so hereby agree for myself and my child, my heirs, executors and administrators, to hold harmless and to protect the Chesapeake Bay Maritime Museum and all of its officers, employees, volunteers, and agents, acting officially or otherwise from any and all claims, demands, acts, or causes of action of every nature and character whatsoever concerning any injuries which the person listed on this form may receive while using the facilities of the Museum in the Community Sailing Program.

I, individually and/or on behalf of my minor child*, also recognize and assume full financial and legal responsibility for any and all Museum property, or equipment used by myself or my minor child during my participation in CBMM Community Sailing Program

activities, and recognize and accept full financial and legal responsibility for any and all damage to property of others resulting from actions of myself or my minor child.
This agreement applies to all dates from date of execution through August 31, 2011

**Signature of parent or guardian if under
18:** _____

Done and executed this _____ day of _____
20_____

Print name of minor child for whom you are responsible:

From time to time, granting agencies request information on the participants in programs funded by their organizations.

___ I DO NOT object to CBMM releasing my registration information to a funding organization supporting the program

___ I DO object to CBMM releasing my registration information to a funding organization

CBMM frequently takes photographs of programs and their participants for use in Museum publications.

___ I DO NOT object to CBMM using my picture or my child's picture in Museum publications

___ I DO object to CBMM using my picture or my child's picture in Museum publications