



Training Waiver

Each participant MUST fill out a waiver

Full Legal Name: _____ Address: _____

Phone Number: _____ City/State: _____

Email address: _____ Zip Code: _____

Student Responsibilities

To allow SaferBoater and its staff to offer instruction and recreational activities to the Undersigned in powerboat, sailing and related skills, the Undersigned hereby agrees to be responsible for any losses, injuries, or damages sustained by the Undersigned or any other person or the property of the Undersigned, which may occur while the Undersigned is receiving such instruction from the SaferBoater and its employees/contractors. Furthermore, the Undersigned agrees to indemnify, save and hold harmless SaferBoater, and its employees from damages to persons or property resulting from any act or omission of the Undersigned or any other person.

To my knowledge I am in good physical and emotional health equivalent to the demands of this outing, and I have Read, Understand, and Agree with the RESPONSIBILITIES section above and set forth herein.

Health Declaration

I declare that to the best of my knowledge I am not suffering from any medical disability such as Angina, Asthma, Diabetes, Epilepsy, Giddy Spells or any other Heart Condition and am fit to participate in the course or cruise. Furthermore, if I am experiencing dizziness, instability or lightheadedness, I understand that the movement of the boat may increase that effect. Guests are expected to act on the side of caution for their own safety.

Covid Screening

I have not been exposed to COVID within the last 10 days and I am currently experiencing no signs of COVID.

Medical Conditions

For the safety of our guests, some illnesses may preclude you from taking part. We must be aware of any relevant medical conditions prior to you joining the course or cruise. We reserve the right to cancel your reservation if your condition prevents participation or is of a contagious nature.

Please state any illnesses / disabilities / medications received below:

Photo Release Authorization

By executing this waiver, I authorize SaferBoater to use any photos or videos captured during training in all media and promotional materials.

Emergency Contact Information

Emergency Contact: _____ Contact Phone #: _____

Relationship: _____ (Ex. Mother, wife, brother, cousin etc)

Acknowledgment*

Signed on Date _____, 20 _____

X

Participant or Guardian of Minor

Please Check a box:

I am Signing for Myself

I am Signing for a Minor