



# MEDICINE LAKE SAILING CLUB 2018 Member & Boat Registration

## Boat Registration Information

- The Registered Boat owner must also pay for a Membership.
- Entitles the Registered Boat to be sailed in MLSC-sanctioned races.
- A Registered Boat can be sailed in MLSC-sanctioned races by any registered Member, with the approval of the Registered Boat's owner.

## Member Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

(please include area codes with phone numbers)

Email address \_\_\_\_\_

Are you CPR Trained?  Yes  No

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

## Boat Information

Boat Name \_\_\_\_\_ Boat Make \_\_\_\_\_ Sail # \_\_\_\_\_

Any modifications that make it nonconforming \_\_\_\_\_

Boat Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Membership Fee:** \$50

**Boat Registration:** \$250

**TOTAL** \$300

## Waiver of Liability and Indemnification Agreement (please read carefully)

By participating in the races as the skipper sponsored by the Medicine Lake Sailing Club (the Club), I do hereby waive any and all liability of the Club, its officers and directors, the City of Plymouth, its agents or employees, the City of Medicine Lake, its agents or employees, Hennepin County and the Hennepin County Sheriff's Department, its agents or employees, for injury to myself or members of my crew. I further agree to indemnify and hold the Club, its officers and directors, the City of Plymouth, its agents or employees, the City of Medicine Lake, its agents or employees, Hennepin County and the Hennepin County Sheriff's Department, its agents or employees, harmless from any loss resulting from injuries or damages suffered by myself, my boat, any member of my crew or any other party, caused either by myself, my boat any member of my family or any other person operating my boat while participating in a club activity even if injury or damage is caused by negligence of the Club, its officers or directors, the City of Plymouth, its agents or employees, the city of Medicine Lake, its agents or employees, Hennepin County and the Hennepin County Sheriff's Department, its agents or employees. I further recognize that I am responsible for maintaining control of my vessel at all times and have a duty to keep aware of changing wind and weather conditions which might affect my sailing ability.

Date \_\_\_\_\_ Member Signature \_\_\_\_\_

Mail your signed registration form with a check made out to "Medicine Lake Sailing Club" to:

**Medicine Lake Sailing Club, PO Box 27951, Golden Valley, MN 55427 • [medicinelakesailingclub.org](http://medicinelakesailingclub.org)**