

# SAIL MV SUMMER 2017 ADULT REGISTRATION

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**All participants must be members of Sail Martha's Vineyard**

NAME: \_\_\_\_\_ SEX \_\_\_ (M) \_\_\_ (F)

ADDRESS \_\_\_\_\_  
Street / P.O. Box City Zip

TELEPHONE \_\_\_\_\_ (H) \_\_\_\_\_ (W) D.O.B \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_\_\_

**Mondays, Tuesdays & Thursdays: 4:15-7:15, July 3<sup>rd</sup> – August 11th**

**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*