

# 2008 MEDICINE LAKE SAILING CLUB Member Registration

**Circle Applicable Fees** (First year membership is half price):

Family Member:	\$60	Boat Registration:	\$100
Crew Member:	\$30	2 <sup>nd</sup> Boat Registration:	\$60



## Member Information

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Children \_\_\_\_\_

Address \_\_\_\_\_

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

**(NOTE: Area Codes are needed... and your current Email address.)**

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ **Are you CPR Trained?** Yes ( ) No ( )

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## Primary Boat Information

Boat Name \_\_\_\_\_

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

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

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

## To Register an Additional Boat

Boat Name \_\_\_\_\_

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

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

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## Waiver of Liability and Indemnification Agreement – Read Carefully

By participating in the races 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's Signature \_\_\_\_\_

Please mail this signed registration form with your check made out to "Medicine Lake Sailing Club" to our mailbox .

Medicine Lake Sailing Club  
PO Box 41301  
Plymouth, MN 55441