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Receipt # \_\_\_\_\_  
  
Date: \_\_\_\_\_

# HAMMOND MARINA SAIL-A-WAY PROGRAM REGISTRATION FORM

**APPLICANT: (Please print and fill in all the blanks completely)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
No. Street Apt. No.  
\_\_\_\_\_  
City State Zip Code

**Telephone:** \_\_\_\_\_  
Home Business

**Who should be notified in case of an emergency?**

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Telephone:** \_\_\_\_\_  
Home Business

**Sailing Experience:** \_\_\_\_\_  
**Swimming Experience** \_\_\_\_\_

**Have you had instructions from the Hammond Sailing Program previously?** \_\_\_\_\_  
**If yes, when?** \_\_\_\_\_

**Can you swim 50 yards while wearing a C.G. Approved Personal Flotation Device (Life Jacket)?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Please note: No refunds after lessons are in progress. Incomplete lessons will not be forwarded to next year.**

**(Please complete reverse side)**

# HAMMOND MARINA SAIL-A-WAY PROGRAM

## WAIVER OF LIABILITY

In order for the Hammond Marina Sail-A-Way program to accept my registration and permit my participation in the Sail-A-Way Program, I do hereby, for myself, my heirs, executors and administrators: waive, release, and forever discharge and all rights and claims that I have or that may hereafter accrue to me against the Hammond Marina, the Hammond Port Authority, its officers, employees, agents, successors, and/or assigns for any and all damages that may be sustained and suffered by me in connection with my participation in swimming, boating, sailing or aquatic activities included in or related to this program. As a further condition of my participation in this program, I hereby represent to the Hammond Marina that I will wear a personal flotation device specified and provided to me by the Hammond Marina at all designated times during the program.

I have read the above Waiver of Liability and acknowledge and understand its contents. I freely accept the terms and conditions thereof.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For applicants under eighteen (18) years of age, an application/waiver of liability must be signed by his/her father, mother or legally appointed guardian.

Consent and Waiver on behalf of minor child:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please mail registration form and check payable to:

**Hammond Marina Sail-A-Way Program  
701 Casino Center Drive  
Hammond, IN 46320**

**(219) 659-7678**