



REGISTRATION & INDEMNITY FORM: PRIVATE INSTRUCTION 2017

NAME: _____ **M/F** (circle one) **Age** _____

Address Summer Winter

City/State/Zip _____

Telephone _____

Cell Phone _____

Email _____

Select Date and Time:

Sessions are to be scheduled with the instructor and St. George Sailing.

Payment: Please make check payable to “St. George Community Sailing Foundation” or “SGCSF”. Payment may be made to the instructor or mailed to SGCSF, PO Box 435, Tenants Harbor, ME 04860. **The rate is \$60 an hour.**

Indemnification: I agree to make no claims against the St. George Community Sailing Foundation, or any of its officers, directors, employees, instructors, representatives, or associated volunteers, for loss of or damage to any person or persons or property, and to protect and indemnify the Foundation and its officers, directors, employees, instructors, representatives, or associated volunteers, against liability for any loss, damage or injury caused by me.

Signature: _____

Date: _____
(parent must sign for minor child)

Every student must fill out and submit this form. Thank you.