



of Santa Monica Bay

WSA of Santa Monica Bay Application for Membership

Membership valid through December 31, 2009

New * Renewal**

Sailing Membership \$100 General Membership \$75 Skipper or Spouse*** \$100

General Membership does NOT include on the water activities (i.e., racing, cruises, daysails, clinics)

* Membership dues for new members joining on or after July 1 are \$50 for the remainder of the year.

** Members who renew on or before the February General Meeting get a \$10 discount.

*** Spouse/Domestic Partners of skippers active in the daysail or cruise program may be eligible for a complimentary membership – see Membership Chair for more information

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ E-MAIL: _____

(email is our primary form of communication, please write clearly!)

BOAT OWNER: NO YES SAIL POWER

TYPE OF BOAT & NAME: _____

EMERGENCY CONTACT: (NAME, PHONE) _____

SAILING EXPERIENCE (Please explain briefly): _____

SWIMMING ABILITY: _____

MEDICAL CONDITION/ALLERGY (optional): (Describe any medical condition/allergy that might impact crew safety):

INTERESTS (Check all that apply):

Racing Cruising Daysailing Learning to Sail

I AM INTERESTED IN SERVING ON THE FOLLOWING COMMITTEES (Please check at least one):

Day Sail Racing Cruising Hospitality/Social Membership

Education Newsletter Publicity Special Events Yacht Club Rep

Community Outreach and Youth Programs

Comments/Suggestions for programs/activities: : _____

Do you have a skill that WSA can use (i.e. web design, publishing, marketing, electronics, catering, set building, etc):

Please make check payable to: Women's Sailing Association of Santa Monica Bay.
P O Box 10034, Marina del Rey, CA 90295

Information provided on this form will be for official WSA use only.

New Members – may we mention you in the newsletter with name , sailing interests , city of residence

SIGNATURE of applicant

Date

For internal processing by WSA

Date: _____ Check amt: _____ Check No.: _____ Waiver signed: _____ Database: _____

Member No.: _____ Member card: _____ Member badge: _____ New Member packet: _____

RELEASE OF LIABILITY AND WAIVER FORM
Women's Sailing Association of Santa Monica Bay (WSA)
P.O. Box 10034, Marina Del Rey, CA 90295

In consideration of your acceptance of my participation in WSA day sails, cruises and special events during this calendar year, I hereby agree to comply with the following:

1. I will remain familiar with and will comply with all United States Coast Guard safety rules and regulations.
2. I agree and will comply with WSA's requirements, rules, and instructions governing the daysails, cruises and/or special events. I have read and understand the **Safety Instructions and Etiquette for WSA Daysails, Cruises and Special Events.**
3. I agree and will comply with all rules and codes of conduct aboard the vessel used for daysails, cruises or special events as identified by the skipper/guest skipper and/or Day Sail Captain.
4. I assume any and all risk of injury and/or loss arising out of (1) my participation in daysails, cruises and/or special events, (2) failure or breakage of the vessel sailed and/or any of its equipment, and/or (3) weather conditions.
5. **I understand that sailing is a dangerous sport and I fully realize the potential hazard in these events.**
6. **I hereby release WSA and all of its officers, agents, board members and/or committee members from any and all liability for any injury and/or loss which I may suffer during my participation in daysails, cruises and/or special events.**
7. **I hereby release the vessel owner, skipper and/or guest skipper from any and all liability for any injury and/or loss which I may suffer during my participation in daysails, cruises and/or special events.**

In addition to the above, vessel owners/skippers also agree to the following:

8. I own or I am otherwise fully authorized to operate the vessel being used in the WSA event.
9. The vessel will be equipped to conform with all U.S. Coast Guard safety equipment requirements.
10. A liability insurance policy for said vessel will be in full force and effect during the WSA event.
11. I understand that neither WSA, nor any of its officers, agents, board members and/or committee members, is responsible for the conduct of participants while aboard the vessel during the WSA event.
12. **I fully realize the potential hazard in these events, including the likelihood that the vessel and/or its equipment will be damaged. I hereby release WSA and all of its officers, agents, board members and/or committee members from any and all liability for any and all damage and/or loss which I may suffer during my participation in daysails, cruises and/or special events, including but not limited to damage to said vessel and/or its equipment.**

Print Name _____

I have read the above paragraphs and agree to be bound thereby,

Signed _____ Date _____