Participant's Full Name:	Home Phone:	
Address:		
City/State/Zip:		
Email:		
How did you hear about our program:		
Brief Description of Previous Sailing Experience:		
Emergency Contacts:		
Full Name:	Contact Phone:	
Full Name:	Contact Phone:	

Session(s) Requested (Please mark)	Program	Dates (Saturdays Only)	Cost
	Adult Sailing Session 1 9am - Noon	7/6, 7/13, 7/20, 7/27	\$135 (Save \$45)
	Adult Sailing Session 2 9am - Noon	8/3, 8/10, 8/17, 8/24	\$135 (Save \$45)
	Adult Sailing – Daily Session 1 9am - Noon	7/6	\$45
	Adult Sailing – Daily Session 2 9am - Noon	7/13	\$45
	Adult Sailing – Daily Session 3 9am - Noon	7/20	\$45
	Adult Sailing – Daily Session 4 9am - Noon	7/27	\$45
	Adult Sailing – Daily Session 5 9am - Noon	8/3	\$45
	Adult Sailing – Daily Session 6 9am - Noon	8/10	\$45
	Adult Sailing – Daily Session 7 9am - Noon	8/17	\$45
	Adult Sailing – Daily Session 8 9am - Noon	8/24	\$45
Total Fees Due			

Send Completed Form & Payment to:

Buffalo Yacht Club Boating Education One Porter Avenue Buffalo, NY 14201

Voice: (716) 883-5900 Fax: (716) 883-7806

Payment Method:	
Check #	
BYC Member #	



The Buffalo Yacht Club Open Sailing Program

Consent, Release and Indemnity Agreement

l,	, w	vish to participate in the Buffa	alo Yacht Club Sailing Program and	in
consideration o	f my being permitted	to participate in said activities, I	hereby release and discharge the Buffa	lo
yacht Club, its a	igents, officers, emplo	yees, sub-contractors, directors	and members from any and all liability	of
any kind, whatso	pever, for any persona	l injury, property damage, sicknes	s, or medical or hospital expense occurrir	ιg
or resulting fron	n or arising out of any a	activity or substitute activity direct	tly or indirectly connected with the Buffa	lo
Yacht Club's Sai	ling Program, and I he	ereby assume all risk of any liabi	lity for injury or damage to my person o	or
property while	engaged in such activi	ties, however caused, and I furth	ner agree to indemnify and save harmle	SS
the Buffalo Yach	nt Club, its agents, em	ployees, sub-contractors, officers	s, directors and members from any and a	all
claim, suits and	liability for injury to r	my property or my person while ϵ	engaged in activities at or connected wi	th
the Buffalo Yach	nt Club Sailing Program	١.		
		Participant's Signature	Date	
Full Name			_	
Address				
Address			_	
City, State, Zip				
Phone (h)			-	
Phone (c)			-	
E-mail				





PHOTO RELEASE FORM

I hereby grant permission to the Buffalo Yacht Club ("BYC") to use my image or likeness (still photograph, motion picture, or otherwise) in conjunction with its advertising materials or in other subsequent publications or websites without further consideration; and I acknowledge BYC's right to crop, alter or treat such image or likeness at its reasonable discretion. I also acknowledge that BYC may choose not to use my image or likeness at this time, but may do so at its own discretion at a later date.

Name:	 	 	
Address:			
Phone:			
Signature:			
Date:			