



Program Registration & Waiver Form

Name: _____ Contact Number: _____

Email: _____

Participant Age Group: Adult (18 and up) Minor (Under 18)* Please sign up by Guardian

Emergency Contact / Parent or Guardian (if participant is minor)

Name: _____

Relationship: _____ Contactnumber: _____

Ethnicity (check all that apply):

___ Carolinian ___ Chamorro ___ Hawaiian/Other Pacific Islander ___ Korean ___ Japanese
___ Chinese ___ Filipino ___ Other Asian: _____, ___ Caucasian ___ Other: _____

How did you hear about our program? ___ Website ___ Social Media ___ Travel Agent ___ Other

WAIVER OF LIABILITY

Please read carefully and acknowledge with your signature below:

I expressly agree to hold harmless and release 500 Sails and the Dolphin Club Saipan (the swim program of 500 Sails), their employees, instructors, officers, volunteers, and agents from any injury, death, or other damage to myself or my family members, that may occur as a result of participation in 500 Sails or Dolphin Club Saipan programs or activities. I will agree to maintain reasonable distance from crew members, abide by the Magas' rules on the canoe, and adhere to recommended CNMI health guidelines. I also agree to not participate in any or all activities, if I am under the influence of alcohol or other mind-altering drug that could potentially endanger the lives of those around me. I consent to the publication of photographs and/or videos of myself and/or others I have listed in this waiver form, who is/are/am participating in 500 Sails programs.

I ACKNOWLEDGE THE RISKS ASSOCIATED WITH SWIMMING AND SAILING. IT IS MY EXPRESSED INTENT, BY THIS INSTRUMENT AND MY SIGNATURE, TO EXEMPT AND RELEASE 500 SAILS AND DOLPHIN CLUB SAIPAN, AND ALL RELATED VENUES FROM ALL LIABILITY AND RESPONSIBILITY WHATSOEVER FOR ANY PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH, HOWEVER CAUSED, WHETHER BY MY NEGLIGENCE OR THE NEGLIGENCE OF 500 SAILS, DOLPHIN CLUB SAIPAN, OR VENUES USED AND THEIR AGENTS OR EMPLOYEES.

If the participant is under the age of 18, I affirm that I am the parent or legal guardian of the minor listed on this form and consent to their participation under the same terms and conditions as stated above. I accept full responsibility for their safety and compliance with all program guidelines.

SIGNATURE: _____ DATE: _____

(If participant is under 18, parent/guardian must sign)