



*Privateer Sailing Education Foundation*  
*4115 Hamill Road*  
*Hixson TN 37343*  
*c/o Steve Sherman 423 432 6501*

**Actual location of the Yacht Club is 4713 Privateer Road, Hixson TN**

## **PARTICIPANT APPLICATION INFORMATION – ADAPTIVE LEARN TO SAIL**

The purpose of this questionnaire is to provide a safe and enjoyable experience. It will be used by instructors only to assess the abilities and plan their lessons for the student. It covers a full range of disabilities. If the information is too personal feel free to leave it out. This information will not be shared with anyone but the instructor.

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_ **Date of Birth:** \_\_/\_\_/\_\_

**Gender:** \_\_\_\_\_ **Height:** \_\_ Ft \_\_ Inches \_\_\_\_ **Weight:** \_\_\_\_ **E mail:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

### **PARENT/GUARDIAN/CAREGIVER/EMERGENCY CONTACT INFORMATION**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Is the participant afraid of water?** \_\_Yes \_\_No

### **OTHER PARTICIPANT INFORMATION**

**Diagnosis - Primary:** \_\_\_\_\_ **Secondary:** \_\_\_\_\_

**Details:** \_\_\_\_\_

**Any seizures** in the last year? \_\_Yes \_\_No.

**Others Concerns** \_\_\_\_\_

Does the participant ever experience motion/sea sickness? \_\_Yes \_\_No \_\_Not Sure

**Physical Concerns:** (Mark with 'X' if applies): \_\_No Concerns

Describe general balance issues: \_\_\_\_\_

Primary means of mobility: \_\_Walk unassisted \_\_ Wheelchair \_\_ Cane \_\_ Walker\_\_ Other \_\_\_\_\_

Endurance: \_\_ Average \_\_ Fair \_\_ Poor , Extra sensitive to the sun or high temperature? \_\_ Yes \_\_ No

**Behavioral:** \_\_ No Concerns. Please explain any behavioral issues with successful intervention strategies: \_\_\_\_\_

**Learning Style:** \_\_ Visual/learns by seeing, \_\_ Auditory/learns by hearing, \_\_ Kinesthetic/learns by doing

Please describe how the participant best communicates: \_\_\_\_\_

What sensory situations upset him/her? \_\_\_\_\_

Follows Directions: \_\_ 1-step \_\_ 2-step \_\_ 3-step \_\_ Complex

Attention to task: \_\_ Poor (0-1 min) \_\_ Fair (1-5 min) \_\_ Average (5 min)

Frustration Tolerance: \_\_ Poor \_\_ Fair \_\_ Average

**Is the participant capable of swimming independently?** \_\_ Y, \_\_N

**What other sports does participant enjoy?** \_\_\_\_\_

Has participant sailed before? \_\_\_\_\_

Any fears or dislikes? \_\_\_\_\_

Other Information we should have? \_\_\_\_\_

What days of the week and times are most convenient for you? \_\_\_\_\_

## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of PRIVATEER SAILING EDUCATION FOUNDATION, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "PSEF"), I hereby agree to release, indemnify, and discharge, PSEF on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that recreational activities entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: collision with fixed objects, other people, other watercraft, or wildlife; accidental drowning; equipment failure; high wind, waves, or other inclement weather conditions including lightening. Exposure to the natural elements could cause sunburn, dehydration, heat exhaustion, heat stroke, and heat cramps. Exposure to cold water can result in cold shock, hyperventilation, and hypothermia and in extreme cases death and accidental drowning is also a possibility. Additionally, fatigue, chill and/or dizziness may diminish my/our reaction time and increase the risk of an accident.

Furthermore, PSEF organizers have difficult tasks to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

1. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. Additionally, I agree to wear activity related safety equipment including but not limited to items such as a U.S. Coast Guard approved personal flotation device (life jacket) while participating in watersports.
2. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless PSEF from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of PSEF's equipment or facilities, including any such claims which allege negligent acts or omissions of PSEF.
3. Should PSEF or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
5. In the event that I file a lawsuit against PSEF, I agree to do so solely in the state of Tennessee, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against PSEF on the basis of any claim from which I have released them herein. I have read this entire document, understood it, and I agree to be bound by its terms.

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

### PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by PSEF to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless PSEF from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Signed Parent/Guardian: \_\_\_\_\_ PrintName \_\_\_\_\_ Date \_\_\_\_\_