Lesson Registration and User Agreement Adult Form
Silicon Shores Corporation
Shoreline Aquatic Center

Please print clearly. __ Update file.

Name:_____ Start Date:_____

Address:_____

City:_____State:_____ Zip:_____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cel Phone: (_____) _____ E:mail:_____

How did you hear about us? __ Friends __ Taken Class Before __ Internet __ Shoreline Newspaper
__ Rec.Dept. __ Newspaper Mailing __ Referral __ Other: _____

Birthdate: (*Month/Date/Yr*) _____ Can you swim? __ YES __ NO

Emergency Contact Name: _____ Phone: (_____) _____

Fill out just for the class you are enrolled in:

Windsurfing: __ Level I __ Level II __ Level III

Have you ever windsurfed before? __ YES __ NO Can you dive under water? __ YES __ NO

Sailing: __ Level I __ Level II __ Level III

Have you ever sailed before? __ YES __ NO

Kayaking: __ Level I __ Level II

Instructor's Name: _____

MEDICAL INFORMATION

Participant has a history of:

____ Diabetes ____ Back Problems ____ Motion Sickness
____ Dizziness / Fainting ____ Heart Problems / Chest Pains ____ Recent Operation or Illness
____ Epilepsy ____ Respiratory Problem ____ Hearing Problems
____ Problems or handicaps if not listed above _____

Are you allergic to any medications? ____ YES ____ NO If yes, please list:_____

If you are currently taking any kind of medication, please list: _____

NOTE TO PARTICIPANT:
Participation in windsurfing, small boat sailing, kayaking, and canoeing as with any other watersport, exposes the participant to certain risks and dangers. Accidents and injuries (superficial to fatal) resulting from the forces of nature, other boaters (both power and sail), malfunctioning equipment, unseen obstacles, fatigue, and your own misjudgment are a very real possibility.
Shoreline Aquatic Center (Silicon Shores Corporation) considers safety to be its utmost concern and as such, its staff includes individuals trained in C.P.R. and First Aid. The nature of this sport, however, makes it impossible to foresee and protect the participant from all conceivable dangers associated with water and water sports. Once the participant leaves the safety of the shore and enters the water, s/he must be prepared to assume all risks associated therewith.

AFFIRMATION AND LIABILITY RELEASE

THE UNDERSIGNED CERTIFY THAT THEY HAVE READ THE FOREGOING PRIOR TO SIGNING THEREOF AND AGREE AS FOLLOWS:

1. I hereby affirm that I have been well advised and thoroughly informed of the inherent dangers of watersports.
2. I hereby agree to indemnify and hold harmless Shoreline Aquatic Center, Silicon Shores Corporation, the City of Mountain View, its officials and agents, including but not limited to its instructors and staff from any occurrence in connection with this lesson and my use of their facilities during lessons or otherwise. In consideration of being allowed to participate in this program, I hereby personally assume all risks connected therewith and release my instructor, Shoreline Aquatic Center, Lakeside Café, Silicon Shores Corporation, the City of Mountain View, its officials and agents, and staff from any and all liability or harm, injury, death or damages (physical or monetary), regardless of fault or negligence, which may befall me while participating in this program or while using Shoreline facilities. This release shall be binding upon my family, heirs and administrators.
3. The undersigned hereby certifies that s/he is a proficient swimmer and agrees to be tested for swimming proficiency if requested. Undersigned agrees to wear a PFD (life vest) if requested to do so by the staff or instructors.
4. I hereby agree to heed at all times the advice and instructions of Shoreline Aquatic Center staff and to practice common sense water safety procedures.
5. Participants of said recreational activity or likeness thereof may be captured on film, print or other media and used for promotional purposes including newsletters, press media, flyers, and brochures. Authorization is hereby given to the Shoreline Aquatic Center/Silicon Shores Corp. to use photographs taken of me or my children in classes offered by the Shoreline Aquatic Center. I hereby understand and waive any and all claims in relation to this matter and am not entitled to compensation nor benefits.

_____ Date: _____/____/_____
Signature of Participant or Parent / Guardian (if under 18) *Month / Day / Year*