



## NEWPORT SEA BASE **ADULT** APPLICATION

1931 West Coast Hwy, Newport Beach, CA 92663 Phone: (949) 642-5031 | Fax: (949) 650-5407

Please check the box next to the appropriate session and complete the waiver of liability form for each participant.

Spring Twilight Canoe Tour
  Summer Twilight Canoe Tour
  Fall Twilight Canoe Tour

First Time Newport Sea Base Participant

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Unit (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

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

In the event we are unable to reach you, please provide two (2) additional emergency contacts:

Name	Phone	Relationship

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Pictures may be taken of you while at the Newport Sea Base for use in promotional publications. To grant permission, please initial here: \_\_\_\_\_

**PAYMENT METHOD (Check One):**

Cash
  Personal Check
  Visa
  MasterCard
  Discover
  American Express

*Make checks payable to **ORANGE COUNTY COUNCIL, BSA** (If paying with cash, you must register in person).*

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Print name as it appears on card: \_\_\_\_\_

Mandatory Signature: \_\_\_\_\_

CLASSES	DATES	TIMES	FEES
Twilight Canoe Tour			

Refunds will only be given for written cancellations up to two weeks prior to the start of class. A \$20 administrative fee will apply to each class cancelled. Class changes are permitted on a space-available basis only, and a \$10 administrative fee will apply to each class change.



## **ADULT WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

The undersigned \_\_\_\_\_ (hereafter referred to as the "participant"), requests to be allowed to participate at the Orange County Council Boy Scouts of America Newport Sea Base (hereafter referred to as the "Sea Base") either using equipment as an activity or as part of a program activity (hereafter referred to as "the activities").

This agreement shall remain in effect until the Sea Base receives written notice of the cancellation of the consent or until the end of the activities described above.

In return for being permitted to take part in the activities and to use the facilities and property of the Sea Base, I make the following promises and warrant the truth of the following facts:

1. I am familiar with the programs included in the activities, and I understand the employees of the Sea Base are available to discuss the activities if I should wish additional information. I also understand I am solely responsible for my arrival and departure at the beginning and end of the day's activities.
2. I am in good health, and I know of no reason why I would be incapable of participating in the activities. I will immediately notify the designated Sea Base supervisor if a change in my health or other condition would affect my ability to participate in the activities.
3. I know how to swim. [Please initial to confirm your ability. \_\_\_\_\_ ]
4. **WAIVER OF LIABILITY:** I waive and release any right I, my heirs, distributees, guardians, legal representatives, and assigns may have or acquire to make a claim against, sue, attach the property of, or prosecute employees and affiliated organizations, specifically the Orange County Council Boy Scouts of America and the County of Orange (herein referred to as "the releasees") for monetary damages caused by injury to myself arising from participation in the activities and the use of the facilities and property of the Sea Base, whether or not the injury or damage results from the negligent acts or omissions, except intentional acts, of any of the releasees.

[Please initial to indicate you have read this paragraph. \_\_\_\_\_ ]

5. **ASSUMPTION OF RISK:** I am aware that the activities may involve maneuvering a boat, sailboard or other watercraft on deep waters in potentially hazardous conditions which may include, among other things, strong winds and high waves, sudden and unexpected immersion in deep waters, and collision with other watercraft or stationary objects such as docks, pilings and buoys. With knowledge of the dangers involved, I voluntarily ask that I be allowed to take part in the activities. I ACCEPT ANY AND ALL RISKS TO MYSELF OF INJURY, DEATH, AND PROPERTY DAMAGE ARISING FROM PARTICIPATION IN THE ACTIVITIES AND THE USE OF THE FACILITIES AND PROPERTY OF THE SEA BASE, WHETHER OR NOT CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS, EXCEPT INTENTIONAL ACTS, OF ANY OF THE RELEASEES. [Please initial to indicate you have read this paragraph. \_\_\_\_\_ ]
6. **INDEMNITY AGREEMENT:** I agree to indemnify and hold the releasees harmless from any loss, liability, damage, or cost, including reasonable attorneys fees, that may occur due to my participation in the activities and use of facilities whether or not such loss, liability, damage, or cost results from the negligence or other action, except intentional acts, of any of the releasees. [Please initial to indicate you have read this paragraph. \_\_\_\_\_ ]

I have carefully read this agreement and fully understand its contents. I am aware the agreement includes a waiver of liability, an assumption of risk, and an agreement by me to indemnify the releasees, and I sign it of my own free will.

Participant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_