



community sailing center

lake champlain : burlington vermont

2009 Boat/Kayak Storage Registration

Please use one form for each boat/kayak.

Boat Owner's Information

Name _____
 Street Address _____
 City/State/Zip _____
 Home Phone _____
 Cell/Work Phone _____
 Email Address _____

Boat Information:

*Serial/Hull # _____
 Boat Type _____
 Hull Color _____
 Boat Length _____
 Beam Width _____
 Mast Length _____
 Distance from trailer tongue to stern of boat if boat is to be stored on a trailer _____

**All boats stored at the CSC must have a visually identifiable serial/hull number for security and organizational purposes.*

Boat/Kayak Storage 2009

Rack Space: Laser, Sunfish, canoe, kayak, sailboard etc.

You may fit up to two or three boats on your rack.

Fee:	Single boat on rack	\$175
	Each additional boat on the same rack	\$65

Ground Space: Boat on pads/tires or boat on trailer

Fee:	Boat 14' and under	\$16 per foot
	Boat 15-20'	\$17 per foot
	Boat 19' and up + tri-, catamarans, & motorboats	\$19 per foot

Hoist Use: Sailors must provide their own lifting equipment

Fee:	One-time hoist use	\$4/ft
	Season hoist use	\$8/ft



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Storage Liability Waiver Form

All participants must read and sign this document and return the completed form at time of registration. If equipment is to be used by a minor, then either a parent or guardian must read and execute this form.

Your signature indicates that you understand and agree to the terms of the waiver.

In consideration of any and all privileges made available by Lake Champlain Community Sailing Center, Inc to me.

User's Name _____

I certify that the participant and crew are able to swim 50 yards unassisted and tread water for 5 minutes. I understand and agree to wear a Coast Guard Approved personal flotation device (PFD) and full closure shoes at all times I either in the boats or on the docks and site. I agree to assume the obligations for the expenses of repair and/or replacement of damaged program equipment that is attributable to me (or my child's) or my crew's reckless or irresponsible behavior. Furthermore, I hereby waive any claim I may have for damage or loss to my personal equipment involved with any activities or programs at the Center. I understand that I may be removed from the program without refund if my behavior is deemed inappropriate or unacceptable pursuant to the Center's rules, which I have read and agree to abide by them.

I agree to assume all risks and accept full responsibility associated with my participation in the Lake Champlain Community Sailing Center Programs. Lake Champlain is a dynamic body of water, upon which weather conditions may change dramatically; I/We hereby acknowledge and accept full responsibility associated with foreseen and unforeseen risks inherent in such activities. I acknowledge that sailing or paddling is a hazardous action sport, which can cause death by numerous causes including, but not limited to, drowning, hypothermia, and other severe injury. I further acknowledge that permanent disfigurement and/or disability can result from sailing due to broken bones, lacerations, contusions, skin puncture and other injuries. I hereby waive any right to claims, causes of action, damages, judgments, costs or expenses arising from this activity and agreement and agree to indemnify, defend and hold harmless the City of Burlington and the Lake Champlain Community Sailing Center, Inc., and the officers, directors, trustees, staff, employees and agents of these organizations or representatives ("indemnities") from any and all liability for injury or death or other loss of any kind suffered by me (or my child) or my crew in connection with this program, regardless of cause, including the action or negligent action of the undersigned, the indemnities or anyone else.

I understand the contents of this Liability Waiver Form and guarantee that I and any crew under my control will adhere to the Center rules.

Print Participant's Name: _____

Signature: _____

Date: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____