



HUDSON RIVER MARITIME MUSEUM

Wooden Boat School | Sailing & Rowing School | Home Port & Education Center
50 Rondout Landing, Kingston, NY 12401 | 845-338-0071 | www.hrmm.org

Boating/Sailing Liability Release Form Waiver of Liability for Adult or Youth Participant

I UNDERSTAND THAT THERE ARE INHERENT RISKS INVOLVED WITH SAILING AND/OR ROWING AND/OR RELATED ACTIVITIES, including but not limited to equipment failure, perils of the sea, acts of other participants, and adverse sea and weather conditions, and I HEREBY ASSUME SUCH RISKS.

I UNDERSTAND THAT I HAVE DUTY TO EXERCISE REASONABLE CARE FOR MY OWN SAFETY AND I AGREE TO DO SO.

I assert that I am physically fit to ride on a boat and I will not hold HUDSON RIVER MARITIME MUSEUM (HRMM) or their employees, agents or other associated personnel responsible if I am injured as a result of ANY problems (medical, accidental or otherwise) which occur while participating in this activity.

I agree to forever discharge and release HRMM, its employees and agents and affiliates, from any and all responsibility or liability for any and all injuries or damages. I agree NOT to make a claim against or sue any of the above parties for injuries or damages whether they arise or result from any NEGLIGENCE or other liability, EVEN IN CASES OF GROSS NEGLIGENCE. I further specifically agree, on behalf of myself, my heirs and assigns, to indemnify and hold harmless the released parties for any and all causes of action arising as a consequence of any incidents which might occur as a consequence of my participation in any activities with or involving the released parties.

By signing below, I agree to comply with the written instructions and statements above. Failure to comply with these written instructions or verbal instructions from staff may result in my privilege of using the marine facilities being revoked and I may be asked to leave the premises.

COVID-19 GUIDELINES & WAIVER

The undersigned individual who wishes to participate in sailing education and activities and/or utilize the boats, marine, and education facilities of the Hudson River Maritime Museum ("HRMM") hereby acknowledge that said organization is doing everything they can to protect the public as well myself as a user of the facility. To this extent;

I agree to follow Center of Disease Control ("CDC"), State/County guidelines, and HRMM policies and procedures for social distancing and health and safety to reduce the spread of Novel Coronavirus, or COVID-19. This will require me to wear a mask when in ten (10) feet of other individuals outside my own household and to maintain as much distance when possible between myself, fellow sailors, instructors, volunteers, employees and patrons of the organization. This will require me to follow all of the guidelines set forth by HRMM.

I agree to utilize surgical masks or improvised masks such as scarves, bandanas, buffs and handkerchiefs to reduce the risk of exposure to myself and others.

I agree to wash my hands before participating in sailing and/or using HRMM equipment.

I agree to follow all guidelines and restrictions of the CDC, New York Department of Health, and HRMM posted guidelines while on the water.

Neither HRMM nor State of New York, its agents, instructors, employees, volunteers or directors are responsible for any potential exposure to Novel Coronavirus, or COVID-19, at the HRMM Facility.

I HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND AGREE TO BE BOUND BY IT, FROM THE DATE OF MY SIGNATURE, FOREVER INTO THE FUTURE.

Youth/Adult Participant Name _____ Date of Birth _____

Adult/Parent/Guardian Signature _____

Print Parent/Guardian (PRINTED NAME) _____

Phone _____ Email _____

PARTICIPANT BACKGROUND

HEALTH INFORMATION - Describe any health conditions that might impact participant during sailing & precautions which need to be taken:

SAILING EXPERIENCE - Tell us about your experience with sailing (Ex: Never sailed before, sailed a few times, proficient but have not sailed in awhile)

EMERGENCY CONTACT

List the person who can be reached while the participant is sailing:

Contact Name _____ Relationship to participant _____ Cell phone # _____

PHOTO WAIVER

I do grant the Hudson River Maritime Museum and its Sailing School permission to use my likeness in photographs and/or video in any and all of its publications, including Web space, and in any and all other media, whether now known or hereafter existing, controlled by Hudson River Maritime Museum, in perpetuity, and for other use by the Museum. I will make no monetary or other claim against the Hudson River Maritime Museum and its Sailing School for the use of the photographs and/or video. _____
(initials)

Or, I do NOT grant permission to use my likeness _____ (initials).

Adult/Guardian Signature _____ Print Name _____

Revised 6/18/2021