Singles On Sailboats Inc. Cruise Registration

Name:			
Address:	City:	State:	ZIP:
E-mail:	Home Phone:	Cell:	
Please Check All That Apply Cruise Name:	Date:	1 1	
	es 🗆 No 🗆 First Weekend Cruise Yes 🗆 No 🗆		
☐ I am a Member of SOS			
☐ I am a Paying Invited Guest	of (name of skipper)		
	name of skipper)		_
	ble for invitation from boats in the coordination (n	- ·	
☐ I am sailing as Skipper First	sail as an SOS Skipper Yes \square No \square Number of	crew requested from the c	oordination:
☐ I am a NONMEMBER and	will be the guest of (name of member sponsor) _		
I am enclosing a check payable	to SOS, Inc. in the amount of \$ (Mail th	is form & payment to the	e Cruise Coordina
Self-Rated Sailing Experience	Level:		
☐ I have never sailed before ☐	I am a novice \square I have low experience \square I have	e moderate experience	I am experienced
Skills:			
Highest level of SOS Basic Skill Basic Skills Check-out requeste	ls Program completed: Basic Skills Level I □ Le d: Yes □ No □	vel II □ Graduate □	
Misc:			
☐ I need a non-smoking boat ☐	I need a smoking boat (on deck only)		
☐ I will not accept a boat with			
I can leave Friday evening Yes			
Limitations:			
	:		
Additional Comments: (Inform	nation you want the coordinator to know):		
Emergency Contact:			
Name:	Relationship:	Phone:	

Singles on Sailboat

Liability Waiver

I, the undersigned, understand that there are inherent risks involved with boating including, but not limited to, equipment failure, perils of the sea, acts of other participants, serious bodily injury, and adverse sea and weather conditions, and I hereby assume all such risks.

I understand that I have a duty to exercise reasonable care for my own safety and agree to do so.

I assert that I am physically fit according to Singles on Sailboats, Inc. ("SOS") criteria, to operate and/or ride on a boat and to perform the tasks necessary to maintain safe operation of the vessel. I will not hold any vessel upon which I may board during an SOS event, or its agents, Board members, or other associated personnel responsible if I am injured in any way (medically, accidentally or otherwise) while participating in an SOS event.

I agree to forever discharge, release and hold harmless any vessel upon which I may board during an SOS event, as well as SOS, its agents, Board members or other associated personnel, from any and all responsibility or liability for any and all injuries or damages which may arise from my participation in any SOS events ashore or afloat. I agree not to make a claim against or sue any of the above parties for injuries or damages, including, but not limited to, claims for emotional distress, with the exception of injury or damage arising from intentional, wanton or gross negligence.

First name	
Last name	
Signature	Date of Signature
	*****Please give this signed form to the Skipper*****

Revised 4/13/2025