



# Duluth - Superior Sailing Association

Duluth-Superior Sailing Association (218) 391-5521  
P.O. Box 3094, Duluth, MN 55803  
sailingforall@gmail.com

## ADULT Member Information and Waiver

### PERSONAL INFORMATION

Member's Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ email \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone(s): \_\_\_\_\_

e-mail: \_\_\_\_\_ Fee Paid \_\_\_\_\_

Please note: The membership fees do not cover the full cost of providing DSSA programming, which is approximately \$150 per person. If you can afford to make a tax-deductible donation to cover the full cost of membership, or more, this is greatly appreciated. DSSA is committed to providing sailing for all regardless of ability to pay.

### EMERGENCY INFORMATION

Emergency Contact \_\_\_\_\_ Relation: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone- \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy/ID Number: \_\_\_\_\_

Please list any additional medical concerns, special needs, or considerations about which we should be aware. Provide a detailed comment so we can be attentive, safe, and helpful.

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### WAIVER OF LIABILITY

I hereby agree to release, indemnify, and hold harmless DSSA from any claim or liability arising from participation of any such participants in any aspect of DSSA's activities, DSSA or its offices, members, employees, and representatives and each person or organization whose property is sued in connection with my such activities. I give permission to DSSA to use any photos and video taken of me/us. I am aware of and familiar with the risks and dangers involved with the type of vessels and activities in which I will be involved. I have read and understand the posted rules and regulations for participation and the membership handbook and agree to abide by all of them. I have reviewed, read, and understand the above and sign this of my own free will and desire.

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