

Blessed Center Program Application

Activity _____ Date _____

Name of Applicant _____
First Last DOB _____

Address _____
Number and Street City State Zip

Cell Phone (_____) - _____ - _____ E-mail _____

NOTIFY IN CASE OF EMERGENCY:

Name _____ Cell Phone (_____) - _____ - _____

SWIM TEST VERIFICATION:

To participate in this activity, you must be “water-safe” (be able to swim 50 yards unassisted and tread water for 5 minutes. For children - be able to swim 25 yards unassisted and tread water for 3 minutes).

I certify that I am “water-safe” and can swim 50 yards and tread water for 5 minutes.

Name: _____ Signature: _____ Date: _____

SIGNATURE OF PARENT OR GUARDIAN, IF APPLICANT IS UNDER 18 YEARS OF AGE

I certify that the applicant is “water-safe” and can swim 25 yards and tread water for 3 minutes.

Name: _____ Signature: _____ Date: _____

AGREEMENT TO ACCEPT RISKS AND FINANCIAL RESPONSIBILITY

I understand that the Outdoor Watersport Activities organized by the Blessed Center (“**Center**”), and the transportation to and from, may involve risks, including but not limited to accident, injury, seasickness, emotional trauma, property damage and even loss of life.

I voluntarily accept these risks and will assume personal responsibility for the financial consequences therefrom. If necessary, I will consult with my physician ahead of time whether I am suitable to participate in these activities of the **Center**.

In case a dispute arises between the **Center** and myself, I agree to use arbitration, not litigation, to settle the dispute.

Name: _____ Signature: _____ Date: _____