



MCSC ADULT COUPLES MEMBERSHIP APPLICATION



First Name Last Name Address City State Zip Home Phone Cell Phone E-mail

MCSC may email information about programs and activities to members. If you wish to receive email from MCSC please check the box. Note: MCSC will not share your email address with any outside party.

Employer Work Phone Ext.

Do you have any allergies or medical conditions that the staff should be aware of? No Yes If yes, please describe:

Emergency Contact: First Name Last Name Relationship Home Phone Cell Phone Work Phone Ext.

Spouse First Name Spouse Last Name

Spouse Email

Spouse Home Phone Spouse Cell Phone

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Spouse Employer Spouse Work Phone Ext.

Do you have any allergies or medical conditions that the staff should be aware of? No Yes If yes, please describe:

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1. SELECT MEMBERSHIP TYPE (MCSC Memberships are valid for one (1) calendar year from sign-up date or start of class.)

\$ 485.00 Couples Membership (Includes sailing and social privileges. Add \$27.16 Sales Tax.)

\$ 512.16 MCSC MEMBERSHIP FEE WITH TAX

2. READ WAIVER AND SIGN BELOW-- MCSC Memberships are non-transferable.

I understand that any water-related recreational activity, including sailing, can be hazardous and presents certain risks. These include the risk of very serious injury and death. By signing this Membership Application, I certify that I am aware of these risks and am agreeing that I will not seek to hold the Milwaukee Community Sailing Center, Inc., or any of its officers, directors, employees or agents liable in any way for any accident or injury, that occurs in connection with any activity that I participate in as a member of the Milwaukee Community Sailing Center, Inc. I am releasing the Milwaukee Community Sailing Center, Inc., its officers, directors, employees and agents from any liability whatsoever whether the injuries or damages are the result of my own negligence, the negligence of another member of the Milwaukee Community Sailing Center, Inc., or the negligence of the Milwaukee Community Sailing Center, Inc., itself, its officers, directors, employees or agents. I am also agreeing to fully hold harmless, defend and indemnify the Milwaukee Community Sailing Center, Inc., its officers, directors, employees and agents from any claims for personal injury or property damage made against the Milwaukee Community Sailing Center, Inc., its officers, directors, employees or agents based in whole or in part on my own negligence or the negligence of a guest of mine. I will also indemnify the Milwaukee Community Sailing Center, Inc., for the cost of replacing any equipment belonging to the Milwaukee Community Sailing Center, Inc., if that equipment is damaged in whole or in part by my negligence or the negligence of a family member or guest of mine.

By signing this form we acknowledge we have read and agree to the terms of the waiver. No refunds will be made.

Signature Date

Spouse's Signature Date

3. REGISTER FOR MCSC COURSES & PROGRAMS

1. Course Section Fee \$

2. Course Section Fee \$

4. SELECT PAYMENT METHOD & TOTAL | MEMBERSHIP FEE + COURSE FEE(S) = \$

Make check payable to: MCSC (Milwaukee Community Sailing Center) OR Charge my Credit Card: Visa MasterCard

Credit Card # Expiration Date Signature

Membership # / Receipt # Staff Initials Date