

Sarasota Sailing Squadron Membership Application

If you wish to pay by check, make your check Payable to Sarasota Sailing Squadron, and bring or mail to:

Sarasota Sailing Squadron
1717 Ken Thompson Parkway
Sarasota, Florida 34236



If you wish to pay by Credit Card or need further information, please call the SSS office at Tel : **941-388-2355**.

| | | | | |
|---|--------|-----------|------------|---|
| *Name - Last | | First | MI | |
| Spouse - Last | | First | MI | |
| Children under 21, living at home | | | | Boat Information |
| *Address Line 1 | | | | *Will you Store a Boat at SSS? Y <input type="checkbox"/> N <input type="checkbox"/> |
| Address Line 2 | | | | Name |
| *City | *State | *Zip | | Type |
| *E-mail | | | | LOA |
| *E-mail (Verify) | | | | Fl. Boat Reg. # |
| Phone - Home | | Business | | Boat Ins. Carrier |
| Cell #1 | | Cell #2 | | Boat Ins. Policy # |
| Occupation | | | | Space Assigned (Office Use) |
| Age | | | | |
| Months at Sarasota Address Jan <input type="checkbox"/> Feb <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> | | | | *I agree to receive text messages for important SSS notices Y <input type="checkbox"/> N <input type="checkbox"/> |
| *Sarasota City Resident Y <input type="checkbox"/> N <input type="checkbox"/> | | | | *Please check the committee(s) in which you and / or your Spouse / Significant Other would be interested. If none, an Opt Out Fee will be assessed: Maintenance <input type="checkbox"/> Social <input type="checkbox"/> Racing / Regatta <input type="checkbox"/> Education <input type="checkbox"/> Cruising <input type="checkbox"/> None of the above <input type="checkbox"/> |
| *Today's Date __/__/__ | | | | |
| *1st Year Membership Fee (see rate schedule) | | \$ | | |
| *Other Services (consult the Office for assistance) | | \$ | | How did you hear about us? Check all that apply Internet search <input type="checkbox"/> Friend or family <input type="checkbox"/> Raced or Cruised here <input type="checkbox"/> Drove by and noticed the facility <input type="checkbox"/> Local Media <input type="checkbox"/> Other <input type="checkbox"/> |
| *Total Remitted | | \$ | | |
| *I have read and agreed to the SSS Terms of Membership (below). By checking ACCEPT you are submitting this application for membership in the Sarasota Sailing Squadron. Please make sure you have completed all cells marked “*”, required. ACCEPT <input type="checkbox"/> | | | | |
| *Print Name | | | *Signature | |

For Office use: Start date __/__/__ Membership # _____ CC Type _____

Sarasota Sailing Squadron Terms of Membership

In consideration of membership approved by the Sarasota Sailing Squadron, Inc. (SSS), I agree to abide by the SSS By Laws, Standing Rules and regulations which are available upon request.

SSS facilities are to be used at my own risk. I acknowledge that participating in any SSS activity involves certain risks, and that injuries, death, property damage, or other harm could occur to me or others. *As required by the SSS Standing Rules, I agree to maintain \$300,000 General Liability insurance per boat stored at or sailed from the Squadron, applicable to all boats 16 feet and larger.* I, for myself and my guests, invitees, and agents, hereby agree to release, indemnify, defend, and hold harmless SSS, the City of Sarasota, the SSS Board of Directors, the SSS Membership and its affiliates, employees, volunteers, officers, agents, insurers, successors and assigns (the "Released Parties") from: (I) any and all liability for loss or damage to my vessel(s), her gear, equipment and contents for any reason, including SSS equipment failure or negligence; (II) any and all loss, damage, liability, legal action or claim, of any nature, including attorney's fees and other litigation costs or expenses, arising from the use of vessel(s); and (III) any and all loss, damage, liability, legal action or claim of any nature, including attorney's fees and other litigation costs or expenses, arising out of use of SSS facilities, engaging in SSS activities, the presence of my vessel(s), vehicle(s) or personal property at the SSS facilities, or the moving of vessel(s) except to the extent that such loss is the result of SSS's gross negligence, willful or wanton misconduct. SSS disclaims all implied warranties, and I, for myself, and my heirs, successors, and assigns hereby release the Released Parties from any and all liability arising out of any claimed implied warranty. In the event of any damage or injury to SSS arising from the active or passive acts, omissions, or negligence of myself or my guests, invitees, or agents, I shall pay all expenses incurred by SSS, on SSS's demand.

New Member Initials _____