

New York Yacht Club

2009 Galapagos Expedition Agreement

Guest Medical & Emergency Information:

This is an expedition, which can be strenuous and is far from medical aid. Members and all participants agree to arrange Med Jet Assist medical evacuation insurance for this expedition through the Sailing Office. The ship has a qualified Ecuadorian physician aboard, but each participant must provide for his/her own individual personal medications and needs.

In the event of an emergency, we request the name of a contact not traveling with you (relative, physician, etc). Please provide the following information for you and your guest.

Name: _____
Relationship: _____
Contact Number(s): _____
E-mail: -- _____

Guest Waiver of Liability:

All participants must sign the following Waiver of Liability:

I understand that my safety and the decision whether or not to participate in NYYC 2009 Galapagos Expedition, its activities and daily excursions are my responsibility and not that of the New York Yacht Club. In consideration of the New York Yacht Club agreeing to my participating in NYYC 2009 Galapagos Expedition, I, on behalf of myself, my heirs, executors, administrators, successors, and assigns, hereby waive, release and discharge any and all claims, actions, cause of action, and suits whatsoever, in law, admiralty or equity against the New York Yacht Club, each of its officers, directors, employees, sponsors and agents (collectively as "Releasees") resulting from or arising out of my participation. I also agree to abide by rules stipulated by Lindblad, including that I will not use, or possess, any illegal drug or substance while aboard the Polaris; and I will also abide by all Club rules or other rules that govern NYYC 2009 Galapagos Expedition.

I Agree ___ ** Check "I agree" to participate in the event.

Name: _____

Signature: _____

Date: _____

Contact address: _____

E-mail: _____

Tel # : _____