



1-2024

Volunteer Crew Application

*** Required response**

Please indicate all areas of volunteer interest:

Sailing Crew Guide / Ship Tours Educator/Experiential Trainer
 Ship Maintenance Event Volunteer Passenger Check-in/Relations

Typical Availability: Weekends Evenings Weekdays Very variable

* Last _____ * First _____ MI _____ Nickname _____ Title (Mr., etc.) _____

Full legal Name (required for port security)

* T-Shirt Size (S, M, L, XL 2X, 3X) _____

Optional: Marital Status _____ Spouse/Partner's Name _____

* Is your age 16 years older? _____ Note: If 16-17 years old, signatures must be co-signed by parent/guardian. Volunteer Crew must be at least 16 years old.

* Address : _____

* City _____ * ST _____ * Zip _____

Home Phone (____) _____ - _____ * Cell Phone (____) _____ - _____

Work Phone (____) _____ - _____

* E-Mail Address _____ (Please Print Clearly)

Current Occupation _____ Company _____

Emergency Contact Information

* Name: _____ * Relation:(spouse,parent,child..) _____

* Cell Phone: _____ * Email: _____

First Aid

Do you have any First Aid training? Please describe and indicate if you have current certification.

Maritime/Nautical Experience:

Any special licenses? _____ Describe _____

Can you swim about 50 yards, or tread water for 10 minutes? _____

Email: info@northwindsail.org, Phone: 856-409-0898 www.NorthWindSail.org

Addresses:

Boat: 101 South King, Gloucester City, NJ 08030

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Skills and Experience: (Please check all that you've done!)

Sailing Diesel Engine Education Graphics
 Rigging/Sail Repair Scouting IT First Aid
 Electrical/Mechanical Sewing Web Site Design
 Plumbing Food Preparation Artist Marketing

*** Promotional Material Release:**

(Initial) _____ I give Gloucester City Sail permission to publish, copyright, and use pictures/video with my image and name for promotional purposes.

OR (Initial) _____ Please do not use my image/name for promotional purposes.

Signature _____ **Date** _____

* Are you a US Citizen or Permanent US Resident? _____
If not, please indicate your citizenship _____

Medical

Volunteers on the North Wind must have the seeing, hearing and physical/mental condition to be able to perform the duties required associated with the protection and evacuation of passengers during emergency conditions. As a volunteer, you must also notify the Master of the vessel if at any time you are not able to help emergency situations with the protection and evacuation of passengers.

By signing below, you are indicating that to the best of your knowledge, that you have the abilities to perform the duties as indicated above, and that you will inform the Master of the North Wind if at any time you are unable to perform those duties.

Signature _____ **Date** _____

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SIGNATURE ON NEXT PAGE REQUIRED

**GLOUCESTER CITY SAIL
ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT**

In consideration of being allowed to participate in programs and other events and to use the facilities, equipment and other services at, upon or about the *North Wind* (ship) and Gloucester City Sail (collectively, "North Wind"), the undersigned, for himself/herself and for his or her heirs, agents, personal representatives and assigns (and if the undersigned is a minor, the undersigned's parents, guardians and other care-givers), does hereby agree to the greatest extent permitted by law, as follows:

Assumption of Risk: The undersigned hereby acknowledges and agrees that the undersigned (i) understands the nature of the activities to be undertaken for the North Wind and that there are inherent risks and dangers associated with such activities, including, without limitation, contracting an infectious disease, injury, pain, suffering, illness and/or death, and (ii) knowingly and voluntarily accepts and assumes responsibility for each of those risks and dangers and all other risks and dangers that arise out of or occur during the undersigned's activities for the North Wind.

Good Health: The undersigned represents that he or she 1) is in good health, 2) is NOT displaying any of the symptoms of COVID-19, including cough, sore throat, shortness of breath, fever or chills, lack of taste or smell, muscle or body aches, nausea or vomiting or diarrhea, and has NOT been in contact with anyone who is displaying any of those symptoms and 3) is proper physical condition for all activities in which the undersigned will participate for the North Wind.

Release and Waiver: The undersigned hereby irrevocably and unconditionally RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Gloucester City Sail, and their respective members, officers, directors, agents, employees and sponsors (collectively, the "Releasees"), from and for any and all claims, liabilities, obligations, disputes, damages and causes of action of any kind or nature, known or unknown, which the undersigned may have or claim to have, now or in the future, directly or indirectly, with respect to any personal injury, accident, illness or death and/or property loss, however caused, arising from or in any way relating to the undersigned's activities, or otherwise occurring during any time while the undersigned is present at, upon or about the ship and complex excepting only those caused by the willful misconduct, gross negligence or intentional torts of Gloucester City Sail.

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Indemnification and Hold Harmless: The undersigned hereby agrees to INDEMNIFY, DEFEND AND HOLD HARMLESS Gloucester City Sail and all Releasees from and against any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including, without limitation, attorney's fees and court costs, arising from or in any way relating to the undersigned's activities, excepting only those caused by the willful misconduct, gross negligence or intentional torts of Gloucester City Sail.

Severability: The undersigned expressly agrees that this Assumption of Risk, Release and Waiver of Liability and Indemnity Agreement (this "Agreement") is intended to be as broad and inclusive as permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

Binding Effect; Governing Law: This Agreement shall be binding upon the undersigned and the undersigned's heirs, agents, personal representatives and assigns (and if the undersigned is a minor, the undersigned's parents, guardians and other care-givers). This Agreement shall be governed by, and construed in accordance with, the laws of the State of New Jersey (without giving effect to conflicts of law principles) and the state and federal courts located in Camden, New Jersey shall be the exclusive venue for all actions and proceedings involving this Agreement or any claim arising from the undersigned's participation in programs and use of facilities. This Agreement constitutes the entire agreement of the undersigned with respect to the subject matter hereof and supersedes all prior oral and written agreements and understandings. This Agreement may not be withdrawn, cancelled, terminated, revoked, amended, or revised by the undersigned.

INTENDING TO BE LEGALLY BOUND, THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT HE/SHE/THEY IS/ARE SIGNING THIS AGREEMENT FREELY, VOLUNTARILY AND WITH FULL UNDERSTANDING OF THE TERMS.

Print Name: _____

Date: _____

Signature _____

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