

Macassa Bay Yacht Club Visitor Registration Form & Waiver (Please print information)

| Name of Owner/Captain | | | |
|--|--------------------------|-------------------------------|------------------------------|
| Your email | | | |
| Emergency Contact Number | | Cell Number | |
| Make of Vessel | ssel Vessel Name | | |
| Sail Dower LOAft | Beam | ft Draft | ft |
| Total number of crew onboard inclu- | ding owner _ | | |
| Home Yacht Club | | | |
| Last Port | Next P | ort | |
| Arrival Date | Departure Date | | |
| I certify that my vessel insurance is ☐ Yes ☐ No | valid and cur | rent and I am carrying Ves | sel Liability Insurance |
| The undersigned agrees that the as Macassa Bay Yacht Club shall not be damage of whatever kind or nature however occasioned. | oe responsibl | e or liable in any way for th | ne care, protection, loss or |
| The undersigned further agrees not greater than eight (8) hours unless designate and confirms the Covid 1 | other arrange | ements have been made wi | • |
| COVID Safety Check (to the best of ☐ I do not have any symptoms of Co ☐ I am not waiting for any test resul ☐ I have not been in direct contact of the five days | ovid-19 ts of Covid-1 | 9 | have Covid-19 in the last |
| Key fob required for gate/washroom returned you will be responsible for | | • | • |
| A valid membership card was show | n 🗆 | Slip Assigned | |
| Signature of Owner/Captain | | Date | |