



Checklist

Name: _____

Date: _____

- _____ Registration (**Complete and Leave with AAF**)
- _____ Permission of Photography (**Sign and Leave with AAF**)
- _____ Informational Handbook
- _____ Notice of Handbook Receipt (**Sign and Leave with AAF**)
- _____ AAF Waiver and Release (**Sign and Leave with AAF**)
- _____ Optional Social Story

Autism Advocate Foundation, Inc.
PO Box 7061
Myrtle Beach, SC 29572
843/213-0217



Hope Floats Registration Form

Date of Cruise _____

Names of those attending:

Life Jacket Size*
(See below)

Sailing/ Boating
Experience (Y/N)

1 _____

2 _____

3 _____

4 _____

5 _____

Contacts (Include an Emergency Contact):

Name

Relationship

Phone #

Email Address

Will adaptive equipment be utilized, if so describe?

Specific behaviors/ needs we should know about?

| *Life Jacket Size Table | Size | lbs. |
|-------------------------|--------|-------|
| | Infant | 0-30 |
| | Child | 30-50 |
| | Youth | 50-90 |
| | Adult | 90+ |



AUTISM ADVOCATE FOUNDATION

"HOPE FLOATS"

PERMISSION TO USE PHOTOGRAPHY, LIKENESS, OR NAMES:

I hereby give my permission to Autism Advocate Foundation to use my child's photographic image and/or name, in whole or in part, for Hope Floats and the Autism Advocate Foundation, Inc. for reasons included but not limited to: press coverage, fundraisers, and ASD awareness.

Name of Participant: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

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www.autismadvocatefoundation.org
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Notice of Receipt

I have received the Autism Advocate Foundation **Informational Handbook for Hope Floats**. I understand that receiving this material makes me responsible for its contents.

Parent/Guardian Signature _____

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Myrtle Beach, SC 29572
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WAIVER AND RELEASE

OF LIABILITY CLAIMS

Autism Advocate Foundation, Inc. "Hope Floats"

The undersigned Participants, 1 _____, 2 _____, 3 _____, 4 _____, 5 _____, (hereafter "Participants") and their Parent and/ or Guardian(s) _____ (hereafter "Parent/ Guardian") are participating in the Autism Advocate Foundation, Inc. ("AAF") Hope Floats, sail training program. AAF, its directors, board, volunteers, assistants, workers, facilitators, monitors, or other persons involved in the operation of AAF (hereafter "AAF"), under Hope Floats sail training, provides quality professional sail training for families affected by autism spectrum disorders. AAF Hope Floats sail training program, among other actions, may provide programs, activities, and events. The goal of the Hope Floats sail training program is to provide an opportunity for families with persons diagnosed ASD to participate in the recreational activity of sail training. AAF disclaims any and all liability that may result from the acts or omissions that may occur during the relationship.

The Participants and Parent/ Guardian have been fully informed of and fully understand the risks associated with participation in the Hope Floats sail training program. Each undersigned understands that these risks can lead to severe mental and physical injury/ death to the Participants, Parent/Guardian and/ or to liability claims asserted by others. Despite these risks, the Participants and Parent/ Guardian choose to participate and each knowingly and freely accepts and assumes all risks and damages that may arise from activities related to Hope Floats sail training program.

The Participants, for themselves, principals, successors, agents, and assigns and the Parent/ Guardian for itself, themselves, successors, agents and assigns fully and completely waives and releases any and all claims of liability of any nature whatsoever that each may have now or in the future against AAF for damages, injuries or other that may arise during participation in the Hope Floats sail training program including, but not limited to, those claims arising out of the programs, activities, events of the Participants and Parent/Guardian for those claims related to or arising out of, in any fashion, the activities of the AAF Hope Floats program. The Participants and Parent/ Guardian further agree to fully release, hold harmless, defend, and fully indemnify AAF for any and all claims of liability asserted against the AAF, its directors, board, volunteers, assistants, workers, facilitators, monitors, or other persons involved in the operation of the Hope Floats sail training program by persons or entities relates, in any fashion, to the Participant's involvement in the Hope Floats sail training program.

The Participants and Parent/ Guardian fully understand and agree the Hope Floats is a voluntary program. The Participants and Parent Guardian freely and voluntarily choose to participate free from any coercion or promises of any kind. The Participants and Parent/ Guardian fully agree and understand that the Participants and Parent/Guardian may quit the program at any time.

By signing below, the undersigned attests to and fully agrees to the above:

Participant

Parent/Guardian

Participant

Parent/Guardian

Participant

Participant

(witness)

(witness)

Date