



Bayfront Summer Credit Recovery Program

June 19, 2017 – July 20, 2017 9 AM-2 PM

Monday through Thursdays

For Erie High School Students

Please complete the following application and submit it to the Bayfront Maritime Center
Via email: info@bayfrontcenter.org, fax: 814-459-1678, or mail: Bayfront Maritime Center, 40 Holland Street, Erie, PA 16507.

Call BMC at 814-456-4077 with any questions.

\$65 fee per credit - check payable to BMC

More information about the program is available at www.bayfrontcenter.org/education/summer/

Name _____

Date of Birth _____ E-mail _____

Address _____

Phone Number _____

High School _____

Grade Level _____

Emergency Contact Name _____

Relationship to you _____

Phone Number _____

Email Address _____

Have you ever participated in BMC's programming before? If so, which program?

Which credits do you require? Check with your home school guidance counselor or school secretary.

Student signature

Parent/guardian signature

Date

By signing above, you indicate that all information provided is true and complete to the best of your knowledge. In the event of acceptance, I understand that any false or misleading information given in this application may result in dismissal from the Bayfront Summer Program.

RELEASE OF LIABILITY AND WAIVER AGREEMENT

In consideration of participation in any Bayfront Maritime Center programming, I acknowledge, appreciate and agree that:

1. I am engaging in activities held by the Bayfront Maritime Center, both on and off the water. I acknowledge that boating activities involves some physical risk. I will not bring action or claim in any incident, injury or loss occurring during participation in these activities;
2. I risk bodily injury, including disability and death as well as the risk of damage to and/or loss of property;
3. I knowingly and freely assume all such risks, both known and unknown;
4. I, for myself, and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, hold harmless and promise not to sue, BMC or any of its officers, directors, agents or employees with respect to injuries or loss of property from my participation even though such injury or loss or property may arise out of negligence or carelessness on the part of the persons or entities mentioned above;
5. When on the water, I will wear a PFD (Personal Flotation Device) at all times;
6. I also give BMC permission to use photographs or video taken during BMC programming.

I have read this Release of Liability and Waiver Agreement, fully understand its terms and sign it freely and voluntarily.

Participant's Signature _____

Participant's Name (Printed) _____

Email _____

Phone Number _____

Date _____

For Participants Under 18

Parent/Guardian Signature _____

Parent/Guardian Name (Printed) _____

Date _____