

To Complete Registration, Read Information Below and Sign Authorization

Agreement Reservations

Charles F. Chapman School of Seamanship Inc. hereinafter referred to as "the School" shall not be liable for failure to provide any of the training or equipment listed herein, or for the delay in providing such, where such failure or delay results from strike, riot, civil commotion, war, government regulations, unavoidable casualty, acts of God, weather, or any other cause beyond the control the School. The School reserves the right to make the changes in the course content as necessitated by changes in the marine industry. Further, the School does not discriminate on the basis of age, sex, religion, marital/familial status, handicap, race, or ethnic group.

Student Agreement

I have read the School website page or brochure concerning the course I want to take, and understand the conditions, services, and curriculum under which I will receive training.

If registration is not accepted by the School, all payments made will be refunded promptly. If cancellation is requested within three (3) business days after signing the Registration Form, all payments will be refunded in accordance with the buyer's right to cancel.

If the School cancels the program due to insufficient student enrollment, I may be rescheduled for a future class, or all payments made will be refunded. In the event that I am unable to attend the class for which I am registered the following change/cancellation policy will apply:

1. If notice is provided to the School more than 14 days before the class start date to reschedule, a one-time change may be allowed and a \$50.00 transfer fee will apply. The rescheduled class must be taken within 3 months of the originally scheduled class date, or all tuition will be forfeited.
2. If cancellation is requested more than 14 days before the class start date the portion of the tuition which is non-refundable will be forfeited, however if cancellation occurs less than 14 days before the class start date, all tuition will be forfeited.

Where refunds are applicable and where a credit or debit card was used as the original method of payment, a convenience fee of 3% of the total amount refunded will apply to all transactions.

This program is not designed or intended to qualify its participants and graduates for employment. It is intended solely for the avocation personal enrichment, and enjoyment of its participants.

Photographic Permission and Release

I grant permission and waive any rights of compensation for the use of my photograph (or artistic reproduction thereof) to Charles F. Chapman School of Seamanship Inc. for use in any school related media (photo, slide presentations, website, catalog, advertising etc).

Other Considerations

If you are travelling to the School from outside of Florida, we strongly suggest you purchase refundable air fares, or arrange trip cancellation insurance through your travel agent. To safeguard against infection from minor scrapes or punctures, we suggest obtaining a current tetanus booster before arrival on the campus.

Release & Indemnity from Claims Arising Out Of Use of Equipment, Motors & Vessels

I, the undersigned, for myself, and my heirs, assigns and all those claiming by, through or under me, for and in consideration of being allowed the use of the equipment, motors, and vessels and the like owned by, maintained by or chartered to the CHAPMAN SCHOOL OF SEAMANSHIP, INC. or in consideration of training received on my own boat, being aware of risks inherent in using such items, hereby forever release and indemnify said CHAPMAN SCHOOL OF SEAMANSHIP, INC. from any loss, cost, bodily injury, property damage suit or claim arising out of the use of any equipment, motors or vessels, whether or not such loss, cost, bodily injury, property damage, suit or claim is based upon the sole negligence of CHAPMAN SCHOOL OF SEAMANSHIP, its full-time or part-time instructors or agents or otherwise.

I do hereby grant permission for treatment of myself by the CLEVELAND CLINIC MARTIN HEALTH personnel and/or the physician on call. My family physician(s) is/are: _____

Registration Signature & Payment Authorization

Tuition: \$_____ Housing Fee: \$_____ Total Authorized: \$_____

I authorize the use of my credit card ☐ Mastercard ☐ Visa ☐ Discover in the amount of \$_____

Acct #: _____ Exp. Date: ____/____ CVV _____

Cardholders name: _____ Billing Address: _____

Student Signature _____ **Date** _____

Signature of parent or guardian if under age _____ **Date** _____