

SOS BAREBOAT CRUISING APPLICATION & WAIVER– NEW ZEALAND

Destination: Auckland, New Zealand		Date: February 22, 2025, March 1, 2025	
Name:			
Address:			
City:		State:	Zip code:
H. Phone		Cell:	
Email:			
Female <input type="checkbox"/> Male <input type="checkbox"/> Member <input type="checkbox"/> Non-Member <input type="checkbox"/> If Non-member, guest of whom:			
Emergency Contact:		Cell Phone:	Relationship:

This bareboat charter is a 7 Day charter starting on either February 22, 2025 or March 1, 2025.

In order of preference ___ February 22 ___ March 1

Basic Skills I-III completed: Yes ___ No ___ Completing Basic Skills is **mandatory**.

I have special physical/medical limitations or needs. Please identify.

Sailing experience:

Special requests:

___ Low

___ I need a non-smoking boat

___ Moderate

___ I need a smoking boat

___ Experienced

___ First Mate

___ I am willing to sail as a First Mate on this cruise.

___ Skipper

___ I am willing to skipper a boat on this cruise.

1. While Singles on Sailboats (“SOS”) stresses safety in all its activities, sailing is not without risk. In signing below, I affirm that my health is good and that I assume all risks, whether onboard, swimming, or onshore. I will not attempt to hold SOS, its officers, or any member, Skipper, or First Mate liable for any injury, illness or damage incurred. I understand that I am not required to participate in any activity, and that my choice to do so is voluntary.
2. I recognize that it is my right and responsibility to accept or reject a particular boat and skipper (or crew if I am a skipper). If a crewmember, I understand that I **must be invited** by a skipper to sail on an SOS cruise. If I am not invited, I will have all deposited money returned, including the administration fees.
3. I agree to abide by the policies of SOS and the stated procedures of the Bareboat Cruising Committee and the commands issued by the skipper while under sail. I understand that failure to do so may result in my expulsion from the cruise. I will cheerfully share all crew duties.
4. I understand that once accepted for a boat, I am responsible for the full payment of my share of the charter fee and other costs. If I cancel, I will remain responsible for the full payment of the charter fee, whether paid or not, unless a suitable replacement can be secured. Even then, I will be responsible for non-transferable costs including the SOS administrative fee.

Signature: _____ Date: _____

This Application, Waiver and Checklist should be completed, signed and sent to Deborah Kauffman ♦ 111 Stirrup Circle ♦ West Chester PA 19382, and a check payable to “Singles on Sailboats” or “SOS” in the amount of \$600 (\$660 for non-members) with the application.

Please acknowledge by initialing the following terms and conditions for sailing on this charter.

Boat

____ I have been invited to sail with skipper _____.

Wellness Policy

____ I have read the SOS Wellness Policy applicable for all SOS events. I understand that a skipper has the right to ask about my COVID vaccination status before inviting me onto their boat.

EEO & Non-Harassment Policy

____ I have read the SOS EEO & Non-Harassment Policy. I understand that failure to comply with this policy may result in a suspension of participation in future bareboat trips.

Fitness Level

____ I have read the SOS fitness evaluation policy applicable for all bareboat sails. This policy aids skippers in balancing the fitness levels among their crew for a safer sail. I have determined my self-assessed level of fitness to be _____.

Travel

____ I understand that I am responsible for making my own flight and hotel arrangements prior to and after the sail.
____ I understand that no hotel rooms are reserved prior to the start of the cruise or at the end of the cruise.

Accommodations

____ I want to share a cabin with _____.
____ I am willing to share a cabin with a same sex crew member.
____ I prefer a single berth, will pay extra if necessary and only if there is room.

Travel Insurance

____ I understand that travel insurance is a **requirement** for this trip and has **NOT** been included in the total cost paid to SOS. Participants must have adequate medical and repatriation coverage while outside of the USA and are responsible for obtaining their own insurance. Coordinators can provide information for some travel insurance brokers to aid participants. The information provided should not be considered as an endorsement by SOS of any specific company or product.

Trip Price

____ I understand that the price of the trip may be adjusted up or down under certain circumstances. SOS will make every attempt to notify participants timely manner.

Cancellation Policy

____ I understand that if I cancel, I will remain responsible for the full payment of my share of the charter fee, whether paid or not, unless a suitable replacement can be secured. Full refund policies can be found in the SOS Bareboat Cruising Committee Procedures Guide.
____ I also understand that even if a replacement is found that the administration fee is **not refundable** if I have been invited and accepted placement on a boat.

Signature

Date

This Application, Waiver and Checklist should be completed, signed and sent to Deborah Kauffman ♦ 111 Stirrup Circle ♦ West Chester PA 19382, and a check payable to "Singles on Sailboats" or "SOS" in the amount of \$600 (\$660 for non-members) with the application.

Do not make travel and hotel reservations until you are confirmed on a boat.

The price of the 7-day trip is estimated to be \$1,500 for members and \$1,560 for non-members (includes a \$60 Admin Fee). The price of the trip may be adjusted up or down in certain circumstances to reflect actual costs.

Payments due as follows:

With application	\$600 (member) or \$660 (non-member)
September 15, 2024	\$600 (both members and non-members)
November 15, 2024	\$300 (both members and non-members)

Departure is from Charterlink. 4 Sir Peter Blake Parade, Bayswater, Auckland 0622

Signature

Date

This Application, Waiver and Checklist should be completed, signed and sent to Deborah Kauffman ♦ 111 Stirrup Circle ♦ West Chester PA 19382, and a check payable to "Singles on Sailboats" or "SOS" in the amount of \$600 (\$660 for non-members) with the application.