



S/Y Kailani Rules of Conduct and Release of Liability

Please complete and send ORIGINAL Notarized version to PO Box 270701, San Diego, CA 92198

I, \_\_\_\_\_, hereinafter referred to as "Participant", do hereby acknowledge that I am aware that the safety and well being of my fellow crew members depends upon my compliance with the rules of conduct while aboard S/Y Kailani whether underway or in port. As such I will:

- 1. Obey all instructions of the Captain and the professional crew of Kailani and will pay particular attention to those safety requirements set down by the Captain ;
2. Stand a regular watch and arrive on deck for my watch at least five minutes before the end of the previous watch;
3. Not bring any illegal drugs aboard Kailani (There is zero tolerance for an infraction of this rule. Participant will be set ashore at the nearest port);
4. Refrain from consumption of alcohol while aboard without the consent of the Captain;
5. Clean up after myself thereby keeping my bunk area and all common areas neat and tidy; and
6. Share in meal planning and preparation and in the general housekeeping including cleaning of the galley and the heads according to a watch bill set forth by the Captain.

I also hereby acknowledge that I am aware that sailing and particularly long distance ocean passage making are activities that have an inherent risk of loss and injury. The owner of Kailani, her Captain and other members of the crew will not be responsible for injury to any member of the crew, including death, sustained as a result of participation. I hereby confirm that I am participating entirely at my own risk. By participating in the crew, I agree to release the owner of Kailani, her Captain and other members of the crew from any and all liability associated with my participation to the fullest extent permitted by law.

I further acknowledge that should I become injured or ill, medical attention may not be readily available.

I hereby release from all liability the owner of Kailani, her Captain and crew as a direct result of their rendering to me medical assistance in the absence of qualified medical personnel.

Participant Signature

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This is to certify that \_\_\_\_\_ the above named Participant, personally appeared before me on the \_\_\_\_ day of \_\_\_\_\_ 201\_\_, and said Participant hereby confirms that they have read the foregoing Rules of Conduct and Release of Liability, that by their signature above they confirm that they understand the foregoing and that they agree to abide by such Rules.

Notary Public in and for the County of \_\_\_\_\_ in the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

SEAL