



# ***To Complete Registration, Read Information Below and Sign Authorization***

## **Agreement Reservations**

Chapman 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 of Chapman School. Chapman 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. To safeguard against infection from minor scrapes or punctures, we suggest obtaining a current tetanus booster before arrival on the campus.

## **Student Agreement**

I have read the Chapman School brochure concerning the course I want to take, and understand the conditions, services, and curriculum under which I will receive training. In the event that I am the only student registered, the course may be restructured to satisfy my individual training needs on a reduced schedule or I will be rescheduled for a future class.

In the event that I am unable to attend the class for which I am registered the following change/refund policy will apply: 1. Where notice is provided to the School greater than 3 business days before the start of class to transfer my registration to a different class start date, a \$50.00 administrative change fee will apply. 2. Where notice is provided to the School greater than 3 business days before the start of class to cancel my registration I will be obligated for the non-refundable tuition deposit. 3. Where notice is provided to the School less than 3 business days before the start of class to transfer or cancel; or if I do not arrive for the scheduled class; or wish to withdraw from class, I may be obligated for the full amount of the tuition.

If I am pursuing licensing, I will be personally responsible for the accuracy of the Coast Guard License package.

## **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 Travel 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.

## **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 MARTIN MEMORIAL HOSPITAL SYSTEM personnel and/or the physician on call. My family physician(s) is/are: \_\_\_\_\_

## **Registration Signature & Payment Authorization**

Tuition Deposit (non refundable): \$ \_\_\_\_\_ Housing Deposit: \$ \_\_\_\_\_ Check Enclosed: \$ \_\_\_\_\_

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

Acct #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of parent or guardian if under age** \_\_\_\_\_ **Date:** \_\_\_\_\_

Identification presented \_\_\_\_\_

\_\_\_\_\_ Has been accepted for the \_\_\_\_\_ class or classes.

By: \_\_\_\_\_ Acceptance date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Registrar's Office