

## WYC KEELBOAT CHECK-OUT SHEET

Member Name:	Rating (check one)	Novice <input type="checkbox"/>	Skipper <input type="checkbox"/>
Home Telephone: (     )     -	Daytime Telephone: (     )     -		
Boat Name:			
Crew Names:	Telephone Numbers: (     )     -		
	(     )     -		
	(     )     -		
	(     )     -		
	(     )     -		
Depart From: _____	On (Date & Time) ____:____ __/__/__		
Destination: _____	Alternate: _____		
If not returned by: ____:____ __/__/__	Note: Not the police or Coast Guard, this is who you would leave a message with if unable to return the boat on time.		
Contact 1: _____	Phone: (____) ____-_____		
Contact 2: _____	Phone: (____) ____-_____		
Return (date & time) ____:____ __/__/__	Damage Report Completed:	Yes <input type="checkbox"/>	No Damage <input type="checkbox"/>
Total days: Weekend/Holiday____ Weekday____	Payment Scale:	Student <input type="checkbox"/>	Other <input type="checkbox"/>
		Half Day <input type="checkbox"/>	Class <input type="checkbox"/>

### AFFIDAVIT AND RELEASE FOR GUEST(S)

(I) (We), the undersigned, in consideration for the privilege of using the facilities of the Washington Yacht Club, hereby release the club, the Associated Students of the University of Washington, and the University of Washington from any responsibility for an injury to myself or to my property which may result during my use of those facilities. (I) (We) further agree to hold the club, the ASUW, and the U of W harmless from any claim arising out of my use of those facilities. By my signature, I hereby accept absolute liability for my equitably proportionate share of the cost of repairs to any property of the club damaged while in my use. Furthermore, I verify I CAN SWIM OR I WILL WEAR a Coast Guard Approved Life Vest AT ALL TIMES ON A WYC BOAT.

Guest Signature(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WYC member (witness) \_\_\_\_\_ Rating: \_\_\_\_\_

Equipment and Cleaning Check-Off Sheet									
Present before leaving	Present after returning								
		Fully charged fire extinguisher							
		Coast Guard approved seat cushion (throwable device)							
		Horns (Manual and charged air powered)							
		Flares (check date)							
		Registration and WA State sticker (check dates)							
		First Aid Kit							
		Toolkit (check sufficient)							
		Extra engine oil (N/A Outboard Keelboats)							
		2 winch handles							
		Spinnaker pole (attached)							
		Lead line							
		2 paddles							
		2 anchors with at least 150 ft. of rode							
		Portable Bilge Pump							
		6 fenders							
		2 x 50ft. lock lines (w/ loops in the ends stored in their bags)							
		2 x 25ft mooring lines							
		Boat hook							
		Lifesling in good condition with line secured to boat							
		Mainsail with cover							
		Engine includes spare shear pin and cotter pin (N/A for Honda 9.9s and inboards)							
		Bunk cushions (dry, return to Canoe House Oct through May)							
<b>In Sail Locker</b>									
		CHARGED battery							
		Coast Guard Approved PFDs (one per person)							
		Jibs (Check and write in size) Genoa ___ Lapper ___ Storm ___ Other ___							
		Spinnaker (hung out to dry if wet and put away in upper keelboat locker when dry)							
<b>Before Leaving Ensure That:</b>									
	XXXXXX	Running lights work							
	XXXXXX	Bilge is dry & built-in bilge pump works							
	XXXXXX	Seacocks operate (cockpit drain seacocks are open, all other seacocks are closed)							
	XXXXXX	Engine has sufficient oil. Record oil level (circle one)		Full	¾	½	¼	Low	
	XXXXXX	Motor, gas can, and battery are secured							
	XXXXXX	Cooling water is flowing & oil light is on as engine idles							
<b>Upon Return Ensure That:</b>									
XXXXXX		Gas can returned to fuel locker							
XXXXXX		Battery returned and connected to charger (make sure it clicks)							
XXXXXX		Sink and stove wiped down (stove gaskets reinstalled on Charlotte)							
XXXXXX		Head CLEANED w/disinfectant and holding tank EMPTY							
XXXXXX		Garbage and personal belongings emptied from boat							
XXXXXX		Surfaces wiped/scrubbed free of dirt and salt (these include: cabin floor___, cabin							
XXXXXX		countertops___, cabin benches and berths___, cockpit seats___, cockpit floor___,deck___							
XXXXXX		Forward hatch secured							
XXXXXX		Damage report filled out as necessary							
I certify that I have sighted the above items except as noted below and will be responsible for their proper return									
Date: ___/___/___		Signature: _____				Rating: _____			
You will be responsible for any missing items not listed here at the time of checkout. Contact QM or KBFC to replace.									

