



**California State Universities - Ocean Studies Institute**  
**Motor Boat Operator Training Course**  
**(MOTC)**  
**Application**



**PLEASE PRINT CLEARLY**

**COURSE START DATE:** \_\_\_\_\_

Name: \_\_\_\_\_ Date \_\_\_\_\_

Student ID# \_\_\_\_\_ Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street City State zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Faculty Referral: \_\_\_\_\_

**Boating Certification(s) Held (if applicable)**

<u>Agency (USCG, NASBLA, etc.)</u>	<u>Level of Certification</u>	<u>Date Completed Month/Year</u>
_____	_____	_____
_____	_____	_____

Days at Sea: \_\_\_\_\_ No Past 12 Months: \_\_\_\_\_ Most Recent: \_\_\_\_\_

Geographical Area(s) of Boat Operating Experience: \_\_\_\_\_

**Please Note: You must complete a CA Defensive Driver course and have authorization from your home institution to operate a State-owned vehicle in order to participate the trailering module of the course.**

**I Have Experience in the Following (check all that apply:**

- |   |   |                                    |                                    |  |
|---|---|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Paddlecraft      | <input type="checkbox"/> Trailer/Launch | <input type="checkbox"/> Anchoring | <input type="checkbox"/> Boat <26' | <input type="checkbox"/> CPR/AED           |
| <input type="checkbox"/> Rigid Inflatable | <input type="checkbox"/> Beach/Launch   | <input type="checkbox"/> Trawling  | <input type="checkbox"/> Boat <40' | <input type="checkbox"/> First Aid         |
| <input type="checkbox"/> Tiller           | <input type="checkbox"/> Low Visibility | <input type="checkbox"/> Scuba Ops | <input type="checkbox"/> Boat <65' | <input type="checkbox"/> O2 Administration |

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address: \_\_\_\_\_  
 Street City State zip

Work Address: \_\_\_\_\_  
 Street City State zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Course fees: Free for OSI members; \$250 for SCMI members; \$500 for all other qualified applicants.

Make check payable to "Southern California Marine Institute" and send with application to:

Ocean Studies Institute  
 AAUS Scientific Diving Course  
 Attn: Boat Safety Officer  
 820 South Seaside Avenue  
 Terminal Island, CA 90731



California State Universities - Ocean Studies Institute

Small Boating Operations

General Release of All Claims



In consideration of my participation in the voluntary, extracurricular activity described below, I hereby agree to assume all risk of any kind of injury or damage I may receive or sustain as a result of my participation, including property damage, personal injury or death. Accordingly by signing below, I hereby completely release and hold harmless and forever discharge the State of California; the Trustees of the California State University; California State University, Long Beach; the Ocean Studies Institute and the Southern California Marine Institute; and each and every officer, agent, volunteer and employee of each of them, from liability or responsibility for any and all claims, damages, injuries, losses or causes of action that may result from or arise out of my participation in the described activities. I also understand and agree that this release shall be binding as against my heirs and assigns.

I hereby apply for permission to engage in small boating operations at the California State University, Ocean Studies Institute and or OSI sponsored small boating operations at other locations. I acknowledge that in the event such permission is granted it will be granted to me as a voluntary small boat operator. I am fully aware of the risks inherent in small boating operations and choose to voluntarily participate (including travel to and from the site of such small boating operations). I hereby acknowledge and affirm that I am not required to participate in small boating operations as a condition to obtaining any academic degree. I further acknowledge that I am not to be considered an employee of OSI and that no benefits customarily afforded to employees will be extended to me by virtue of participating in small boating operations. (As an individual who actually IS employed by OSI in a capacity unrelated to small boating operations, I acknowledge that participating in small boating operations is not a condition of my employment).

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND, AND AGREE TO ABIDE BY THE SMALL BOATING GUIDELINES OF THE CALIFORNIA STATE UNIVERSITY AND THE SMALL BOATING SAFETY MANUAL.

I do not intend by this instrument to waive or relinquish any claim against any individual arising out of his/her intentional act or willful negligence but in the event such individual is determined to be an agent of the California State University System, I do hereby waive and relinquish any claim against the university as a principal.

NOTE: This instrument is a waiver of your legal right to collect damages in the event of your injury or death and in the event of damage or destruction of your personal property. If you do not understand this instrument you are advised to consult an attorney.

Types of Risks Involved with the Activity: **Personal injury or death. Personal property damage. Personal property loss.**

PARTICIPANT NAME (Please Print): \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date \_\_\_\_\_

Participant Address: \_\_\_\_\_

WITNESSED By (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Name of PARENT or LEGAL GUARDIAN (if applicable): \_\_\_\_\_

Signature of Parent or legal guardian (if applicable): \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_