

Schooner *Brilliant*

LETTER OF AGREEMENT

To be signed and returned with Health Form by May 1.

Dear Teen,

We look forward to welcoming you aboard Schooner *Brilliant* and hope you are excited about the adventure of life at sea.

Living as a small community aboard a boat is a very special experience, and the art of sailing requires teamwork. Part of being a good shipmate is respecting the space and needs of those living so closely with you. You do things “for the good of the ship,” and that means for the good of your shipmates.

In order to live in these close quarters, we need to have you agree to some boundaries.

Using tobacco, drinking alcohol and the use of drugs are all strictly forbidden while you are on board or on shore during the program. **Use of any illegal substances during your *Brilliant* program will result in immediate termination of your trip. Your travel expenses home are your responsibility.** Some of you may be 18 and older and are of legal age to smoke cigarettes or use tobacco, however, this is not permitted while participating in the *Brilliant* Program.

While ashore, please conduct yourself in a way that reflects well on *Brilliant’s* reputation. If your behavior is detrimental to the boat or crew, expect repercussions.

When you sign and return this agreement with your other paperwork, you will be telling me that you understand this policy and will adhere to it. Please read your student handbook to learn what to bring as well as what you shouldn’t pack for your trip.

We look forward to welcoming you aboard. Please contact me if you have any questions regarding your trip. I can be reached at 860-572-5341.

Sincerely,

Shannon McKenzie
Watercraft Preservation and Programs

I am returning this letter of agreement having read and understood the above.

SIGNED _____

PARENT’S SIGNATURE *(if under 18)* _____

DATE _____

For information on all programs, call 860.572.5322 or email reservations.desk@mysticseaport.org.
Please complete and return registration form by mail to Reservations, Mystic Seaport, PO Box 6000, Mystic, CT 06355,
by fax to 860.572.5398 or by email using the button below.

*Forms requiring signature or additional information from a healthcare provider may be submitted by email.
Follow up with signature and documentation will be required.*

SUBMIT