

STONINGTON HARBOR YACHT CLUB
Race Entry Form

Name of Race, Series, or Regatta (use name of NOR): _____

Date of Race or Starting Date of Series: _____

Name of Boat: _____ Sail # _____

Name of Boat Owner/Skipper: _____

Address: _____

Phone: _____ Email _____

Club Affiliation: _____

Type of Class of Boat: _____ LOA: _____

PHRF Rating, if appropriate: _____

Registration Fee (see NOR): _____ (Attach check payable to Stonington Harbor Yacht Club)

Boat owner on behalf of his/her self, his/her crew and his/her boat must sign waiver printed below.

READ FIRST – THIS AGREEMENT CONTAINS A RELEASE AND WAIVER

RELEASE, WAIVER AND COVENANT NOT TO SUE

The undersigned acknowledges that in consideration of the efforts of the host organization(s), for being allowed to participate in this regatta/race and the acceptance of this application to race, HE/SHE DOES HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS THE UNDERSIGNED MAY HAVE AGAINST THE ORGANIZER(S), ITS OFFICERS, DIRECTORS, OR TRUSTEES AND ITS COMMITTEE MEMBERS, JUDGES, AGENTS AND REPRESENTATIVES ARISING OUT OF THE ACTIVITIES REQUIRED FOR THE RACES ON THE WATER, AND DOES FURTHER COVENANT AND AGREE NOT TO SUE OR TO BRING CLAIM OR CLAIMS OF ANY NATURE WHATSOEVER AGAINST THE ORGANIZING ORGANIZATION(S) OR ANY OF THE PERSONS AND OFFICERS NAMED, OR UNNAMED, ABOVE WHO MAY BE ACTING ON THE ORGANIZER(S)' OR ITS/THEIR BEHALF. Further, the undersigned agrees to be bound by the *Racing Rules of Sailing 2013-2017*, the Sailing Instructions, and other rules that govern this race/regatta.

Signed: _____ Date: _____

(Boat Owner on behalf of his/her self, his/her crew, and his/her boat)

Home Owner's/Boat Insurance Policy Company: _____

Policy Number and Expiration Date: _____

If the skipper or crew is under the age of eighteen, his/her parent or guardian must complete the following section:
I hereby grant permission for _____ to participate in the Stonington Harbor Yacht Club races and I further agree on his/her behalf to the terms of the above waiver and statement of responsibility.

Parent / Guardian Name: (Print) _____

Signature: _____ Date: _____