

SHYC RACE COMMITTEE



STONINGTON HARBOR YACHT CLUB

Race Entry Form Fall Series September 19 to Oct 31, 2020

Name/Type of Boat: _____ Sail # _____

Name of Boat _____

Owner/Skipper: _____

Address: _____

Phone: _____ Email _____

Type or Class of Boat: Laser Ideal 18 Sunfish Aero Viper (circle one) Other _____

Entry Fee:

Members: \$100 series, \$20 per individual race (to be charged to member account)

Non-Members: \$120 series, \$25 per individual race (enclose check or complete credit card below)

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 HOST(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 HOST ORGANIZATION(S) OR ANY OF THE PERSONS AND OFFICERS NAMED, OR UNNAMED, ABOVE WHO MAY BE ACTING ON THE HOST(S)' OR ITS/THEIR BEHALF.

Further, the undersigned agrees to be bound by the Racing Rules of Sailing 2017-2020, 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 and Wadawanuck Yacht Clubs 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: _____

.....accounting to separate here and enter credit card information into secure system.....

Credit Card Info () to be charged in advance for series () to be charged only each time I sail (please check one):

Card Type _____ Card # _____ Expiration Month _____ Year _____ Security Number _____

Return to Stonington Harbor Yacht Club, Attn. Race Committee, P. O. Box 87, Stonington, CT 06378