

CHANNEL ISLANDS YACHT CLUB
RACE ENTRY FORM

RACE _____

SAIL # _____ USSAA # _____ PHRF RATING _____

CLASS: SPIN _____ ONE DESIGN _____ NON-SPIN _____

BOAT NAME _____ BOAT NAME & LENGTH _____

OWNER/SKIPPER NAME _____

ADDRESS _____

YACHT CLUB _____ EMAIL _____

CONTACT TELEPHONE _____ CELL _____

In consideration of the acceptance of my entry in this race, I agree and/or acknowledge that:

1. My boat is equipped in conformance with USCG, USSAA, ISAF or Class/Fleet safety requirements.
2. My crew and I are bound by the current Racing Rules of Sailing, the Notice of Race, and the Sailing Instructions governing this race.
3. Insurance to protect from all risks arising from my participation in this race is maintained on the above named boat.
4. **THERE ARE RISKS INHERENT IN SAILING AND IN RACING YACHTS AND I ASSUME ALL RISKS, INCLUDING BUT NOT LIMITED TO PERSONAL INJURY TO AND/OR DEATH OF MY CREW AND ME.**
5. **I ASSUME ALL RISKS OF LOSS OF OR DAMAGE TO PERSONAL PROPERTY, INCLUDING, BUT NOT LIMITED TO MY BOAT AND ALL ITS EQUIPMENT.**
6. **I WAIVE ANY AND ALL CLAIMS, OF WHATEVER NATURE, AGAINST CHANNEL ISLANDS YACHT CLUB AND AGREE TO INDEMNIFY AND HOLD HARMLESS CHANNEL ISLANDS YACHT CLUB, ITS AFFILIATES, OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, FROM ANY DAMAGE, CLAIMS, LIABILITY, LOSS, COSTS OR EXPENSES, INCLUDING ATTORNEYS' FEES, ARISING FROM MY CREW'S AND MY PARTICIPATION IN THE ABOVE-REFERENCED RACE.**

I HAVE READ AND FULLY UNDERSTAND THE CONDITIONS SET OUT ABOVE.

Signature _____

Date _____