REGATTA ENTRY FORM

Class: Kirby 25 Sail Number: _____

Skipper's Name: _____ Address: _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

Age: DD_____ MO_____ YR_____

Represented Club (full name): _____

Entry Fee:
Amount Paid: _____ Payment Type: _____

Waiver

Sailors age 17 & Under must have this form signed by a parent or guardian.
I have read the rules and regulations issued for this event and agree to be bound by them. In consideration of acceptance of this entry or my being permitted to take part in this event, I agree to save harmless and keep indemnified the Ontario Sailing Association, its organizers and their respective agents, officials, servants and representatives from and against all claims, actions, costs, expenses and demands with respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in this event, notwithstanding that the same may have been contributed to, or caused, or accompanied by the negligence of the same bodies, or any of them, their agents, officials, servants or representatives. I further understand and agree that the release is binding upon my heirs, my executors, assigns, and myself.

Signature of Skipper: _____ Date: _____