

PSC SAM MYERS MEMORIAL REGATTA REGISTRATION FORM

SKIPPERS NAME _____ CREW NAME _____

CLASS _____ SAIL NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____

EMAIL _____

US SAILING ID NUMBER _____

MEALS

Make checks payable to: Pymatuning Sailing Club

Please indicate the number of meals needed. We can't guarantee meals will be available at registration the day of the regatta, if you are not registered.

Saturday Lunch _____ **Saturday Dinner** _____ **Sunday Lunch** _____

T-SHIRTS (adult sizes only)

Pre-ordering shirts will guarantee sizes. Shirts not pre-ordered will be available on a first-come basis.

Please indicate number of each size.

_____ **S** _____ **M** _____ **L** _____ **XL** _____ **XXL**

RELEASE OF LIABILITY:

In consideration of acceptance of my application in the yacht race, I hereby waive, release and discharge any and all claims for damages, bodily injury including death, or property damage which I may have or which may subsequently occur to me, as a result of my participation in this yacht race. This release is intended to discharge the promoters, the Pymatuning Sailing Club, its officers and members, any municipalities, agencies, Pymatuning State Park and the United States Sailing Association from any and all liabilities arising out of or connected in any way with my participation in this event. This release of liability also covers carelessness or negligence on the part of any of the entities noted above.

I further understand that serious accidents occasionally occur during yacht racing and that participation in yacht racing may result in serious injuries or property damage. I knowingly assume the risk of yacht racing and release and hold harmless all individuals, entities and organizations listed above who might be held liable by myself, my heirs or assigns for damages. I again acknowledge the inherent risks of sailing and I voluntarily agree to assume all risks of participation and hold harmless those sponsoring or aiding in the event from any liability of any nature for any accident or injury to myself or my boat and its equipment.

SIGNATURE _____ **DATE** _____

SEND REGISTRATION TO: David Butcher 2653 Miller Rd. Allison Park, PA 15101