



Racing Application 2017 Season

Name: _____ Member # _____
Phone: (H) _____ (Cell) _____
Email: _____
Name of boat: _____ Sail # _____
Type of boat: _____ Size: _____
PHRF Cruising: _____ Spinnaker: _____
Please indicate which you intend to sail: ___ Cruising ___ Spinnaker
Where do you keep your boat? _____
Fees: (please indicate which series you intend to race)
___ Spring \$35.00 ___ Summer \$65.00 ___ Fall \$45.00 ___ All series \$125.00

NOTE: ALL BOAT OWNERS MUST SIGN THE WAIVER OF LIABILITY AND HAVE AN INSURANCE CERTIFICATE ON FILE WITH THE FLEET CAPTAIN OF THE RHODE ISLAND YACHT CLUB. ALL OWNERS MUST HAVE READ AND BE FAMILIAR WITH THE RACING RULES OF SAILING AND THE RACE INSTRUCTIONS.

**THIS AGREEMENT CONTAINS A RELEASE AND WAIVER
READ FIRST
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/races 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), IT'S OFFICERS, DIRECTORS, OR TRUSTEES AND ITS COMMITTEE MEMBERS, MEASURERS, 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 ANY CLAIM OR CLAIMS OF ANY NATURE WHATSOEVER AGAINST THE HOST ORGANIZATION(S) OR ANY OF THE PERSONS AND OFFICES NAMED, OR UNNAMED, ABOVE WHO MAY BE ACTING ON THE HOST(S)' OR ITS/THEIR BEHALF.

SIGNED: _____ DATE _____