Waiver and Release of Liability and Emergency Contact Information

For a boat to be eligible to participate in the event, this form must be completed and signed by the owner or skipper, helmsperson and all crew members.

Event: Kamikaze Regatta	Event Dates:	Event Dates: December 3, 2017		
Owner/Skipper Name:	B	Boat Name:		
Boat Type/Model:	Sail No.:	Total No. o	of People on Boat:	
WAI	IVER AND RELEASE OI	FLIABILITY		
In consideration of being allowed to participate hereby waive any and all claims, actions, so extent they are acting on behalf of PPYC, is sponsors and host locations of the Event, all officers, directors, employees and agents (a (including death) or property damage result them as a result of my participation in the Exercise of the participat	uits and demands against Pets officers, directors, memb Il of which are incorporated all of the foregoing hereby reting from the negligence or	ercy Priest Yacht Cluers and committees, by reference herein referred to as "Release other acts or omission	ab, Inc. ("PPYC") and to the and the organizing bodies, along with their respective sees") for any personal injury on by the Releasees or any of	
The undersigned acknowledge that particip personal injury or even death and the under practicing for or participating in the Event.				
This release is executed in accordance with	and shall be governed by t	he general laws of To	ennessee.	
I HAVE CAREFULLY READ THIS WAI CONTENTS.	VER AND RELEASE OF	LIABILITY AND F	ULLY UNDERSTAND ITS	
Skipper/Owner:				
Printed Name:	Signature:		Date:	
In case of emergency contact: Name:		Phone:		
Crew Members (you are agreeing to the	Waiver and Release of Li	ability statement ab	oove):	
Printed Name:	Signature:		Date:	
In case of emergency contact: Name:		Phone:		
Printed Name:	Signature:		Date:	
In case of emergency contact: Name:				
Printed Name:	Signature:		Date:	
In case of emergency contact: Name:		Phone:		
Printed Name:	Signature:		Date:	
In case of emergency contact: Name:		Phone:		
Printed Name:	Signature:		Date:	
In case of emergency contact: Name:		Phone:		
Printed Name:	Signature:		Date:	
In case of emergency contact: Name:		Phone:		