## 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: Equalizer Regatta for One-Desig	n Cruisers	Event Dates: October 20 & 21 2018
Owner/Skipper Name:		Boat Name:
Boat Type/Model:	Sail No.:	Total No. of People on Boat:
WAI	VER AND RELEASE	OF LIABILITY
waive any and all claims, actions, suits and do are acting on behalf of PPYC, its officers, dir locations of the Event, all of which are incorp employees and agents (all of the foregoing he	emands against Percy Prectors, members and co- porated by reference here ereby referred to as "Rel- age or other acts or omiss	If of myself, my heirs, successors and assigns, I herebriest Yacht Club, Inc. ("PPYC") and to the extent the immittees, and the organizing bodies, sponsors and herein along with their respective officers, directors, leasees") for any personal injury (including death) or sion by the Releasees or any of them as a result of my bleasees therefrom.
	•	pat racing or in the Event involves substantial risk of risk of any such injury that may occur while practici
This release is executed in accordance with an	nd shall be governed by	the general laws of Tennessee.
I HAVE CAREFULLY READ THIS WAIVE CONTENTS.	ER AND RELEASE OF	FLIABILITY AND FULLY UNDERSTAND ITS
Skipper/Owner:		
Printed Name:	Signature:	Date:
In case of emergency contact: Name:		Phone:
Crew Members (you are agreeing to the W	aiver and Release of L	iability statement above):
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:
Printed Name:	Signature:	Date:
In case of emergency contact: Name:		Phone:
Printed Name:	Signature:	Date:
In case of emergency contact: Name:		Phone: