## 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-Design Cruisers		Event Dates: October 16 & 17 2021	
Owner/Skipper Name:		Boat Name:	
Boat Type/Model:	Sail No.:	Total No. o	of People on Boat:
WAI	VER AND RELEASE (	OF LIABILITY	
In consideration of being allowed to participal waive any and all claims, actions, suits and do are acting on behalf of PPYC, its officers, directions of the Event, all of which are incorpemployees and agents (all of the foregoing he property damage resulting from the negligence participation in the Event and do hereby release	emands against Percy Pri ectors, members and con orated by reference here reby referred to as "Rele te or other acts or omission	est Yacht Club, Inc. ("PPYOnmittees, and the organizing in along with their respective asees") for any personal injury by the Releasees or any or	C") and to the extent they bodies, sponsors and host e officers, directors, ary (including death) or
The undersigned acknowledge that participating personal injury or even death and the undersigned for or participating in the Event.	•	•	
This release is executed in accordance with an	nd shall be governed by t	he general laws of Tennesse	ee.
I HAVE CAREFULLY READ THIS WAIVE CONTENTS.	ER AND RELEASE OF	LIABILITY 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 Li	ability 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:		
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:	