

RELEASE OF LIABILITY

In consideration of the undersigned's participation in the Laser Nationals and U.S. Singlehanded Championship ("the Regatta") sponsored by <u>Gill NA and other local sponsors</u> (collectively, the "Sponsors") and hosted by the Brant Beach Yacht Club, the U.S. Laser Class, and US Sailing (the "Host") on July 20-24, 2015 the undersigned participant ("Participant"), and if such Participant is a minor, the Participant's parent or legal guardian by countersigning below, on behalf of themselves and their respective heirs, executors, administrators, personal representatives and next of kin (collectively with Participant, "Releasors"), hereby forever waive, release and discharge each of the Sponsors, the Host and their respective parents, subsidiaries, affiliates, owners, members, managers, employees, officers, directors, agents, representatives, successors and assigns (each a "Released Party") from any and all claims, demands, damages, judgments, executions, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, which a Releasor may have, or claim to have, against any Released Party resulting from death, personal injury, property damage or other loss Releasor may sustain as a result of participating in the Regatta or other activities related thereto.

THIS RELEASE IS INTENDED TO DISCHARGE EACH RELEASED PARTY FROM ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH RELEASOR'S PARTICIPATION IN THE REGATTA EVEN IF THAT LIABILITY ARISES OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF ANY RELEASED PARTY.

Releasors hereby acknowledge that serious accidents occasionally occur during sailing activities and that mortal or serious personal injuries and/or property damage or other loss may result from participation in the Regatta. Releasors knowingly assume all risks of participation in the Regatta, including all risk of personal injury and loss of or damage to the Releasors or their property, including further injury sustained as the result of the efforts of third parties who come to the aid of Releasor(s) if injured as a result of participation in the Regatta, and release all other persons and entities mentioned above who might otherwise be liable to Releasors. Releasors agree to abide by all rules of the Sponsors and the Host in connection with participation in the Regatta and understand that the failure to observe and obey such rules may result in instant revocation of Releasor's(s') right to participate in the Regatta.

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Signature of Regatta Participant:	Print Name:
The undersigned parent and/or na fact, acting in such capacity and a above from all liability, loss, cost	OR MINORS (UNDER 18 YEARS OF AGE) attural or legal guardian does hereby represent that he/she is, in agrees to release each and all of the Released Parties referred to claim or damage whatsoever which may be imposed upon said nor lack of such capacity to so act and release said Party(ies) on ed herein.
Signature of Parent/Legal Guardia	ın:
Print Name:	Date:

Please scan and download to your registration or mail to the address above.

Brant Beach Yacht Club PO Box 208 Ship Bottom, NJ 08008



NAME (print)

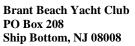
DEPICTION RELEASE

The signed consent form MUST be on file in order to complete registration. One must be on file for each sailor.

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PARTICIPANT AND PARENT/GUARDIAN, ON BEHALF OF THEMSELVES AND THEIR RESPECTIVE HEIRS, EXECUTORS, ADMINISTRATORS, PERSONAL REPRESENTATIVES AND NEXT OF KIN (COLLECTIVELY, "RELEASERS"), HEREBY FOREVER WAIVE, RELEASE AND DISCHARGE EACH OF THE SPONSORS, THE HOST AND THEIR RESPECTIVE PARENTS, SUBSIDIARIES, AFFILIATES, OWNERS, MEMBERS, MANAGERS. EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, SUCCESSORS, ASSIGNS AND REPRESENTATIVES (EACH A "RELEASED PARTY") FROM ANY AND ALL CLAIMS, DEMANDS, OR CAUSES OF ACTION THAT RELEASORS MIGHT NOW OR HEREAFTER HAVE FOR LIBEL, DEFAMATION, INVASION OF PRIVACY, RIGHT OF PUBLICITY, INFRINGEMENT OF COPYRIGHT OR TRADEMARK, OR VIOLATION OF ANY OTHER RIGHT ARISING OUT OF OR RELATING TO ANY UTILIZATION OF THE RIGHTS GRANTED UNDER THIS DEPICTION RELEASE.

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PARENT OR GUARDIANS FOR MINORS (UNDER 18 YEARS OF A	GE)
The undersigned parent and/or natural or legal guardian does hereby	represent that he/she is, in fact, acting
in such capacity and agrees to release each and all of the Releas	ed Parties referred to above from all
liability, loss, cost, claim or damage whatsoever which may be impos	sed upon said Party(ies) because of any
defect in or lack of such capacity to so act and release said Party(ies)	on behalf of all Releasors as specified
herein.	
DADENT OD CHADDIAN (Construe).	
PARENT OR GUARDIAN (Signature):	
PARENT/GUARDIAN NAME (Printed):	DATE:
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Medical Consent Form

Only completely filled in forms will be accepted.	
PARENT OR GUARDIAN if under 18 (printed):	
In the event of accident or injury to myself, my specification my child named above as "Participant") or in or any child of mine while on or about the premise participating in an event under the auspices of the Host present:	the event of illness of myself, my spouse es of the Host Club/Organization while
1. I hereby voluntarily consent to the furnishing to my such medical care and treatment by any hospital or ph deem necessary or advisable.	
2. I authorize any officer or member of the Host to conse. 3. I agree to pay the reasonable cost of such medical care free and harmless of all liability for such cost the Host officers and members. I hereby authorize any x-ray ex diagnosis or procedure supervised by any member of sunder the State Education Law and/or Public Health I hospital holding a current operating certificate issued authorization is given in advance of any specific diagrequired in order to provide authority to render care, we best judgment may deem advisable. Effort shall be made to the patient, but any of the above treatment will not be	e or treatment and to indemnify and hold t, the Laser Class and US Sailing and its amination, anesthetic, medical or surgical the medical staff or of a dentist licensed Law of the State and of the staff of any by the State Department of Health. This gnosis, treatment or hospital care being which the aforementioned physician in his e to contact me before rendering treatment
Signature of Parent/Guardian:	Date: