

REGISTRATION AND LIABILITY RELEASE FORM

Participant Name:	D.O.B:	Age:
Yacht Club & Coach:	Sa	ıil Number:
Emergency Contact:	Relationship:_	
Phone 1:	Phone 2:	
Medical Conditions/Allergies:		
OFFICE USE ONLY:		
	CHQ/CASH/C	
any way in the 2016 Dinghy Champic Yacht Club and Youth Program under The risk of injury to my child from the permanent disability and death, and the risk of serious injury does exist;	RELEASE FORM Please Read before Signing , my child onships Regatta related events and activities exsigned acknowledges, appreciates, and agree activities involved in these programs is sign while particular rules, equipment, and person and, I myself, my spouse, my child, and on kin, HEREBY RELEASE AND HOLD HARMLES	es, the Royal British Virgin Islands rees that: ifficant, including the potential for hal discipline may reduce this risk, a behalf of my/our heirs, assigns,
Yacht club and Youth Program, its of sponsoring agencies, sponsors, adve event ("Releasees"), WITH RESPECT of property incident to my child's involved.	directors, officers, officials, agents, employed ortisers, and if applicable, owners and lessors FO ANY AND ALL INJURY, DISABILITY, DEAT ovement or participation in these programs, R OTHERWISE, to the fullest extent permitted	es, volunteers, other participants, s of premises used to conduct the TH, or loss or damage to person or WHETHER ARISING FROM THE
	BILITY AND ASSUMPTION OF RISK AGREEN GIVEN UP SUBSTANTIAL RIGHTS BY SIGNIF CEMENT.	
Sailor Name:	IF UNDER 18: Parent/Guardian Name:	
Sailor Signature:	Parent/Guardian Signature:	