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: __Galen Freeman One Design Regatta_____ Event Dates: ___May 21 & 22, 2016_____

Owner/Skipper Name: _____ Boat Name: _____

Boat Type/Model: _____ Sail No.: _____ Total No. of People on Boat: _____

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in the Event on behalf of myself, my heirs, successors and assigns, I hereby waive any and all claims, actions, suits and demands against Percy Priest Yacht Club, Inc. ("PPYC") and to the extent they are acting on behalf of PPYC, its officers, directors, members and committees, and the organizing bodies, sponsors and host locations of the Event, all of which are incorporated by reference herein along with their respective officers, directors, employees and agents (all of the foregoing hereby referred to as "Releasees") for any personal injury (including death) or property damage resulting from the negligence or other acts or omission by the Releasees or any of them as a result of my participation in the Event and do hereby release and discharge the Releasees therefrom.

The undersigned acknowledge that participation in the sport of sailboat racing or in the Event involves substantial risk of personal injury or even death and the undersigned hereby assume the risk of any such injury that may occur while practicing for or participating in the Event.

This release is executed in accordance with and shall be governed by the general laws of Tennessee.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS.

Skipper/Owner:

Printed Name: _____ Signature: _____ Date: _____

In case of emergency contact: Name: _____ Phone: _____

Crew Members (you are agreeing to the Waiver and Release of Liability 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: _____

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