

**Edgartown Yacht Club 87<sup>th</sup> Annual Regatta  
Waiver Form**

**ALL JUNIOR SKIPPERS**

Sail #: \_\_\_\_\_

Fleet: (circle one):

420.....Laser.....RAD.....Opti-Red.....Opti-Blue.....Opti-White.....Opti-Green

Skipper Name \_\_\_\_\_ Yacht Club \_\_\_\_\_

Summer Address \_\_\_\_\_

Off-island Phone \_\_\_\_\_ On-island/Cell Phone: \_\_\_\_\_

Date of Birth (sailors must be born in 1991 or later) \_\_\_\_\_

Crew Name (MUST complete separate Crew Waiver Form) \_\_\_\_\_

Housing Needed? Yes or No (circle one) If yes, MUST complete separate Housing Request

No person will be permitted to participate in any REGATTA function or to utilize any CLUB facility including club sponsored launch service, without a proper REGATTA identification wristband.

**In consideration of your accepting my child's entry:**

I hereby agree to all the General Conditions for the Edgartown Regatta which I have read and understand. I hereby warrant that my child's yacht will be outfitted, equipped and handled in accordance with those Conditions, that she will have required equipment on board, that she will be seaworthy in hull, rig and gear and that she will be completely manned. I agree that my child's yacht complies with the requirements and prescriptions of its class at the time she starts the first race of the Regatta. I do for my child, his/her executors or administrators, heirs and assigns, waive any and all claims as may accrue to me or them against the Edgartown Yacht Club, Inc., it's officers, trustees, members, employees and agents, and in one or more of them arising out of participation in any race of the Edgartown Regatta, or arising from any related activities.

EDGARTOWN YACHT CLUB, INC. RECOMMENDS THAT YOU ADVISE YOUR INSURANCE UNDERWRITES OF THE EXECUTION OF THIS DOCUMENT.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Entry Fee includes: participant entry, 3 lunches, 3 dinners, T-shirt, participant ID wristband and 2 evening activities.

**Edgartown Yacht Club  
P.O. Box 1309  
Edgartown, MA 02539  
(508) 627-7565 FAX**

**Edgartown Yacht Club 87<sup>th</sup> Annual Regatta  
Waiver Form**

**ALL JUNIOR CREWS**

Sail # \_\_\_\_\_

Fleet: (circle one):

420.....Laser.....RAD.....Opti-Red.....Opti-Blue.....Opti-White.....Opti-Green

Crew Name \_\_\_\_\_ Yacht Club \_\_\_\_\_

Summer Address \_\_\_\_\_

Off-island Phone \_\_\_\_\_ On-island/Cell phone: \_\_\_\_\_

Date of Birth (sailors must be born in 1991 or later) \_\_\_\_\_

Skipper Name (complete separate skipper form) \_\_\_\_\_

Housing Needed? Yes or No (circle one) If yes, MUST complete separate housing Request

No person will be permitted to participate in any REGATTA function or to utilize any CLUB facility including club sponsored launch service, without a proper REGATTA identification wrist band.

**In consideration of your accepting my child's entry:**

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