

Ted Pike Memorial Regatta

August 20, 2016

Entry Form & Release

YACHT DATA (Complete all sections)

YACHT NAME: _____

SAIL NUMBER: _____

TYPE VESSEL: _____ LENGTH: _____ BEAM _____ WATER LINE _____
(Sloop, Yawl, Schooner, etc.)

DRAFT _____ SAIL AREA _____ PHRF Rating (If known/If not it will be assigned) _____

DESIRED CLASS Racing _____ Cruising _____

A yacht may designate a crew member other than the Owner/Skipper to represent that yacht at the start and finish if the Owner/Skipper is physically unable to reach shore.

NAME OF DESIGNEE _____ May affect handicap rating.

RELEASE

In consideration of your acceptance of my entry in the 2016 Ted Pike Memorial Regatta, I hereby agree to the following conditions to my participation in the regatta and certify that the statements made herein are true and correct. My yacht will be equipped to conform with all USCG safety requirements and those of the US Sailing or any Fleet/Class in which I shall compete. I agree to comply with all rules and sailing instructions governing the race. I hereby release and indemnify Port Townsend Sailing Association, their officers, agents, and committee persons, from any and all liability for any injury to myself, my crew, or my yacht, arising out of their conduct of the race, including any injury to others or to property resulting from the race activities. I assume any and all risk of injury for myself or my crew arising out of my participation in the race, failure or breakage of my yacht or any of its equipment, or weather conditions. I assume sole responsibility for the decision to participate in this race or to continue sailing in this race.

I hereby grant the Port Townsend Sailing Association the right and permission to use any photographs of my boat and or crew during the Regatta and associated shore-side events in any medium and for any purpose whatsoever including (but not by way of limitation) illustration, promotion, advertising and trade.

OWNER(S)/CHARTERER(S)

(Signature): _____ (Print Name): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

CONTACTS: (Home ph) _____ (Work ph) _____ (cell ph) _____

(E-mail) _____

Please email copy to Doug Jones at: doug@traditionalboatworks.net
Or mail to 538 Fillmore St. Port Townsend, WA 98368