

NOCKAMIXON SAIL CLUB

PO Box 133, Telford, PA 18969 Web: NockamixonSailClub.org Email: NSailClub @aol.com

GUEST REGISTRATION

	Please print clearly!			
	Name: Street: City:		Spouse/Partner: Phone/Fax: Family Members:	
	State: Zip:	7	Date:	
	Email:	1/00		
	B . T			011 11
	Boat Type	Sail Number	Boat Name (optional)	Slip#
	Informati	on below filled in by NSC Racing	Committee or Race Committee for th	e Dav
	Portsmouth Rating	on below fined in by 1100 reading	Committee of Race Committee for the	o Duy
	Portsmouth Code		1	
	Options		- N	
	My crew, my crew and I, as guests with NSC, recognize that sailing is an activity that has an inherent risk of damage and injury associated with sailing. We have read RRS 4, Decision to Race and hereby acknowledge and agree that I or we are participating in this event entirely at our own risk			
2.	injury associated with sailing. We have read RRS 4, Decision to Race and hereby acknowledge and agree that I or we are participating in this event entirely at our own risk. I acknowledge and agree that neither the organizing authority nor the race committee (R/C), nor their members, will be			
	responsible for			
	(a) any damage to the entered boat or my other property, or			
	(b) any injury to myself or my creating as a result of the partie		ed the best prior to during or ofte	r thin avant
3.	sustained as a result of the participation of myself, my crew and the boat prior to, during, or after this event. I hereby waive any rights I may have to sue the race organizers (organizing authority, race committee, protest committee, ho club, sponsors, or any other organization or official) with respect to personal injury or property damage suffered by myself or my crew as a result of participation in this event ands hereby release the race organizers from any liability for such injury or damage to the fullest extent extent permitted by law.			
l.	I have taken all necessary steps to ensure that myself, my crew and the entered boat are adequately prepared for all possibl contingencies, including appropriate safety equipment as may be required by law or that a prudent seaman would consider advisable. I have valid third-party liability insurance with adequate coverage for this event.			
5.	I understand this document has important legal consequences and have consulted such legal and other advisors as I deem appropriate before signing.			
	Name (skipper):		Date:	
	Crew (1):	(printed	Date:	
	0 (0)	(printed	D-1	

(printed name)

(printed name)