

CHANNEL ISLANDS YACHT CLUB RACE ENTRY FORM OLSON 30 / 30TH ANNIVERSARY NATIONAL CHAMPIONSHIP

Name of Boat: _____ Sail#: _____ USAA#: _____

Name of Skipper: _____

Address: _____

City: _____ State: _____ Zip: _____

Yacht Club Affiliation: _____

Phone: _____ Cell: _____

Email: _____

Entry Fee Included with Application

\$180.00 Entry Fee: _____ US Sailing Member Deduct \$5 = \$175.00 _____

Make Checks Payable to CIYC and mail with this form to:

Channel Islands Yacht Club
Event Coordinator
4100 Harbor Blvd.
Oxnard, CA 93035
805-985-2492

In consideration of acceptance of my entry by Channel Islands Yacht Club ("CIYC"), I acknowledge and agree as follows:

1. I own or have chartered the boat entered and I am a member of a yacht club or sailing association that belongs to USSA. My boat will be equipped to conform with USCG, USSA and Class/Fleet safety requirements.
2. I am personally responsible for the operation of my boat and will comply with the rules of the ISAF as adopted by the USSA.
3. CIYC is not my insurer. I will maintain sufficient insurance to protect from all risks arising from this Agreement.
4. **ASSUMPTION OF RISK: THERE ARE RISKS INHERENT IN THE SPORT OF YACHT RACING, AND I FREELY ASSUME ALL RISKS, INCLUDING PERSONAL INJURY OR DEATH TO MYSELF AND MY CREW, LOSS OR DAMAGE TO MY YACHT AND ITS EQUIPMENT, AS WELL AS UNFORSEEN RISKS.**
5. **WAIVER, RELEASE AND INDEMNIFICATION. TO THE FULLEST EXTENT PERMITTED BY LAW, I WAIVE ALL CLAIMS, FOREVER RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS CIYC, AND OLSON 30 CLASS ASSOCIATION, THEIR AFFILIATES, OFFICERS, EMPLOYEES, AGENTS, COMMITTEE PERSONS AND RACE OFFICIALS ACTING IN THEIR OFFICIAL CAPACITIES, FROM ANY DAMAGE, LIABILITY, LOSS, COST OF EXPENSE INCLUDING ATTORNEY FEES, ARISING FROM MY AND MY CREW'S PARTICIPATION IN THE RACE, INCLUDING CIYC'S AND OLSON 30 CLASS ASSOCIATION'S ACTIVE OR PASSIVE REGULAR NEGLIGENCE, BUT NOT CIYC AND OLSON 30 CLASS ASSOCIATION WILLFUL MISCONDUCT OR GROSS NEGLIGENCE.**

Signature: _____ Date: _____