Sail Black Rock - 2021

**Catholic Cup**

**NESSA/MASSA INTERSECTIONAL FLEET RACE**



**Parental Permission and Liability Waiver**

(Must be filled out for each sailor)

*Please read the following statement carefully.*

Your signature on the registration form confirms your understanding this statement. Sailing is an activity that has an inherent risk of damage and injury. Competitors in this event are participating entirely at their own risk. See RRS 4, Decision to Race. The race organizers (organizing authority, race committee, protest committee, host club, sponsors, or any other organization or official) will not be responsible for damage to any boat or other property or the injury to any competitor, including death, sustained as a result of participation in this event. By participating in this event, each competitor agrees to release the race organizers from any and all liability associated with such competitor’s participation in this event to the fullest extent permitted by law. Please enroll my son/daughter in the above-mentioned regatta. I understand that neither the Hosts (Sail Black Rock, Captain's Cove Seaport, Fairfield University, Sacred Heart University) nor anyone associated with the regatta will assume any responsibility for accidents and medical or dental expenses incurred as a result of participation in the program. The applicant is in good health, is covered by insurance, and is able to participate in the sailing program. In the event of injury or illness, I authorize the staff to act for me according to their best judgment in providing care.

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Primary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Secondary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please sign, scan, and e-Mail form to dave@dhwhiterealestate.com prior to attending the regatta.***