

**REGATTA ENTRY FORM**  
**SEISA WEST FALL FLING**  
**Bay Access / Lakewood Yacht Club**  
**Seabrook, TX**

**October 2-3, 2021**

- Complete Team
- Split Team

Sailors:

Division A

Division B

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of High School \_\_\_\_\_

**Note:** For Championship Fleet, the high schools of competitors must be **registered and active** with their respective ISSA districts, and have dues paid for the 2021-2022 season prior to competing in this event.

Adult Chaperone / Team Representative: \_\_\_\_\_

Contact number(s) during event: \_\_\_\_\_

Contact email: \_\_\_\_\_

**ENTRY FEES:**     \$150.00 for 2 sailors  
                         \$300.00 for 4 sailors  
                         \$400.00 **boat** deposit per high school (pay with separate check)

- Entry Fee Check included
- Deposit Check of \$400.00 Included

Please make checks payable to Bay Access. Payment must accompany this Entry form. Bay Access cannot process credit card payments for this Event. The deposit will be returned assuming no damage occurs to the boats during the event.

Entry Fee Check and Deposit check should be sent to:

Sherri Anderson  
Regatta Chairman  
13 Waterford Oaks Ln  
Kemah, Texas 77565

If you have any questions, please email Sherri at [sherri\\_lynn\\_anderson@yahoo.com](mailto:sherri_lynn_anderson@yahoo.com) or call her at: Cell: (713) 517-3704

**PARENT CONSENT, WAIVER OF LIABILITY  
AND MEDICAL RELEASE**

**Bay Access / Lakewood Yacht Club - Seabrook, TX**

**SEISA West Fall Fling  
Lakewood Yacht Club  
October 2-3, 2021**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

List all known allergies: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Medical Insurance Information:** Insured Name: \_\_\_\_\_

Carrier: \_\_\_\_\_ Phone # of Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

As the parent/guardian of the above named student, I hereby acknowledge that the risk of injury, including serious debilitating injury, is involved in athletic participation. I recognize that ISSA, SEISA, Bay Access, Lakewood Yacht Club, and their representatives make efforts to reduce these risks, but further recognize that their efforts cannot and will not eliminate all such risks. I am aware of the risks involved, and give my consent for the above named student to participate in all activities associated with the Bay Access 1 Invitational.

I am aware that ISSA, SEISA, Bay Access and Lakewood Yacht Club do not carry medical insurance for students and that medical insurance coverage will be provided by the parent/guardian. Evidence of such coverage is provided above.

I further release and hold harmless ISSA, SEISA, Bay Access and Lakewood Yacht Club, their Officers, Directors, Trustees, agents, employees, coaches and athletic trainers, and event vendors, from any and all liability arising from the above-named student's participation in the SEISA West Fall Fling regatta.

**PERMISSION FOR MEDICAL CARE**

I hereby grant permission to any appropriately qualified health care professional to give any and all medically appropriate emergency care to my son/daughter/ward, including but not limited to anesthesia and surgery.

\_\_\_\_\_  
Father/Legal Guardian Date

\_\_\_\_\_  
Mother/Legal Guardian Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Telephone Work/Cell

\_\_\_\_\_  
Home Telephone Work/Cell

**MINOR PARTICIPANT WAIVER AND RELEASE**

1. As parent or legal guardian of \_\_\_\_\_ (the "**Participant**"), I recognize that sailing is an activity that has an inherent risk of damage and injury associated with it, and hereby acknowledge and agree that the minor Participant is participating in the Bay Access/Lakewood Yacht Club sailing program and/or chartering a boat (FJ) from Bay Access (the "**Program**") entirely at his or her own risk with my full understanding of such risk.
  
2. For and on behalf of Participant and myself, I acknowledge and agree that neither Lakewood Yacht Club, Bay Access, nor their respective members, officers, board of directors, staff or representatives will be responsible for:
  - (a) any damage to the chartered boat or my or Participant's property, or
  - (b) any personal injury, including death,sustained as a result of Participant's participation in this Program, regardless of the fact that such damage may, in whole or in part, be due to the negligence of Lakewood Yacht Club, Bay Access, or their respective members, officers, board of directors, staff or representatives.
  
3. For and on behalf of Participant and myself, to the fullest extent permitted by law, I hereby WAIVE any rights either of us may have to sue the Program Organizers (including Lakewood Yacht Club, Bay Access, and/or their respective members, officers, board of directors, staff or representatives) with respect to personal injury or property damage suffered by Participant as a result of his or her participation in the Program and hereby RELEASE the Program Organizers from any liability for such injury or damage to the fullest extent permitted by law whether caused in whole or in part by negligence.
  
4. Additionally, I agree, on behalf of Participant and Participant's family to DEFEND AND INDEMNIFY Lakewood Yacht Club, Bay Access, the sponsors of the Program, and/or their respective members, officers, board of directors, staff or representatives from any liability which may be sought by any party as a result of actions or alleged actions of Participant or any member of Participant's family during the term of the Program.
  
5. I understand this document has important legal consequences and have consulted such legal and other advisors as I deem appropriate before signing.

Parent or Legal Guardian's Signature	Date
Participant's Name: _____	
Date of Birth: _____	
Address: _____	
Parent or Legal Guardian's Printed Name: _____	Phone: _____
Address (if different): _____	
Additional Emergency Contact: _____	Phone: _____

**Lakewood Yacht Club/Bay Access Sailing  
COVID-19 PANDEMIC SEISAS WEST FALL FLING CONSENT FORM**

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing, masking for unvaccinated persons and have, in many locations, restricted or regulated the congregation of groups of people.

Bay Access Sailing/Lakewood Yacht Club has put in place preventative measures to reduce the spread of COVID-19; however, Bay Access Sailing/Lakewood Yacht Club cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Bay Access Sailing/Lakewood Yacht Club events could increase your risk and your child(ren)'s risk of contracting COVID-19.

*I confirm that I am not presenting any of the following symptoms of COVID-19 listed here:  
Fever, Shortness of Breath, Loss of Sense of Taste or Smell, Dry Cough, Runny Nose, Sore Throat*  
Initial: \_\_\_\_\_

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending participating in the Bay Access Sailing / Lakewood Yacht Club High School SEISA West Fall Fling event and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Lakewood Yacht Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Bay Access/Lakewood Yacht Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance and participation in the Bay Access High School Sailing events ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Bay Access Sailing/Lakewood Yacht Club, its employees, agents, representatives and independent contractors, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Bay Access/Lakewood Yacht Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the Bay Access Sailing / Lakewood Yacht Club SEISA West Fall Fling event.

\_\_\_\_\_  
Signature of Sailor (18 years or older) or Parent/Guardian

Print Name of Sailor \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_