



BC Sailing Association



viaSPORT
BRITISH COLUMBIA



**Waiver
2015 Sail Canada Sail West Regatta
& Training Camp
July 23rd -26th 2015**

Please fill out the following and submit it to either Comox Bay Sailing Club or their representatives:

(note fields marked with a star must be filled out in order to be scored)

*Skipper's Full Name:	
Address:	
*Home Club:	
*Date of birth	
Care Card number	
Emergency contact name and number:	
Email:	

*Crew's Full Name:	
Address:	
*Home Club:	
*Date of birth	
Care Card number	
Emergency contact name and number:	
Email:	

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<p>*Boat Class: - C420, C420 Green (novice), Laser Full Rig, Laser Radial, Laser 4.7, Optimist [Red, Blue, or White], or Green [Novice], X-Class [Specify the boat class]</p>	
<p>*Sail Number (number on main sail):</p>	

RELEASE
 I have read the rules and regulations issued for this event and agree to be bound by them. In consideration of acceptance of this entry or my being permitted to take part in this event, I agree to absolutely release and discharge forever and save harmless and keep indemnified the organizing bodies, **Comox Bay Sailing Club, BC Sailing, and Sail Canada** as well as their respective organizers, agents, officials, servants and representatives from and against all claims, actions, costs, expenses and demands of any kind in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in this event notwithstanding that such death, injury, loss or damage to my person or property may have been contributed to or caused or occasioned by the negligence of the same bodies, or any of them, or their agents, officials, servants or representatives.

I further understand and agree that this Release and Indemnity is binding upon myself, my heirs, executors and assigns. Dated at the Town of Comox this _____ day of _____, 2015.

Skipper Signature: _____ Please print:

Crew Signature: _____ Please print:

PARENT OR LEGAL GUARDIAN ACKNOWLEDGEMENT:
 I the parent or legal guardian of the competitor listed on this document or on an accompanying registration form, hereby certify that I have read and agree to be bound by the terms of this release indemnity on the behalf of the competitor.

Dated at the Town of Comox this _____ day of _____, 2015

Skipper's Parent or guardian signature: _____

Skipper's Parent or guardian printed name: _____