PSC SAM MYERS MEMORIAL REGATTA REGISTRATION FORM

SKIPPERS NAME		CREW NAME	
CLASS	SAIL	. NUMBER	
ADDRESS			
CITY	STATE	ZIP CODE	
PHONE			
US SAILING ID NUM	BER		
MEALS	Make checks	payable to: Pymatuni	ing Sailing Club
order to arrange cat day of the regatta.	ering. We can't guara		is needed by July 1 st in vailable at registration the
first-come basis. Please indicate num	will guarantee sizes. S	·	will be available on a
SN	/I L	XL XXL	\$12 for extra shirts
RELEASE OF L	IABILITY:		
claims for damages, bodily occur to me, as a result of Pymatuning Sailing Club, it United States Sailing Association participation in this event. entities noted above. I further understand that s	injury including death, or pi my participation in this yach s officers and members, any iation from any and all liabil This release of liability also erious accidents occasionall	roperty damage which I may it race. This release in intend municipalities, agencies, Py ities arising out of or connectovers carelessness or negligy occur during yacht racing a	release and discharge any and all have or which may subsequently ed to discharge the promoters, the matuning State Park and the ted in any way with my tence on the part of any of the and that participation in yacht sk of yacht racing and release and
assigns for damages. I agai participation and hold harm	n acknowledge the inherent	risks of sailing and I volunta ding in the event from any li	held liable by myself, my heirs or rily agree to assume all risks of ability of any nature for any
SIGNATURE			DATE

SEND REGISTRATION TO: David Butcher, 2653 Miller Drive, Allison Park PA 15101