

THE LARCHMONT YACHT CLUB

2005 Shields Nationals

Wednesday, Sept. 14 – Saturday, Sept. 17, 2005

ENTRY FORM

PLEASE PRINT OR TYPE

Sail # _____

Class _____

Skipper _____

Crew _____

Address _____

Skipper's Age _____

City _____

State _____

Zip Code _____

Tel # _____

Fax _____

email _____

Club/ Org _____

Fleet _____

Hull Color _____

ENTRY FEE: \$300.00. Entry fees are payable to Shields Fleet #1 by 1800, Friday Sept. 9, 2005

CONDUCT AND RESPONSIBILITY

The skipper/owner shall be responsible for all actions of his or her crew or guests. In the event of a breach of conduct, sportsmanship, destruction of property, or failure to comply with the request of any race officer, committee member or agent of the Larchmont Yacht Club, the skipper/owner will be held responsible and his/her boat shall be subject to protest and disqualification.

The Larchmont Yacht Club is not responsible and will not accept any liability for bodily injury, death or property damage suffered from any cause. Each participant, including skipper and crew, participates in the regatta entirely at his/her own risk and waives any and all claims, including those arising from negligence or lack of due care, which he/she may have against the Larchmont Yacht Club, its regatta committee, and its officers, trustees, committee members, members, agents, or employees. Responsibility for evaluating the wind, sea and weather conditions rests with each participant as does responsibility for the safe condition of the boat, including safety equipment and rigging and for deciding when to wear life jackets. Patrol boats or other assistance will not likely be available. Assistance, if any, from the regatta committee or other Larchmont Yacht Club vessels, or other patrol boats, from any personnel manning them, is entirely at the risk of the participant.

I agree to be bound by all rules that govern this event. I will inform all crewmembers of the conditions stated herein for their participation in such racing.

Signature: _____

Fee:

Check Enclosed _____ LYC Audit _____ Charge to Visa _____ Master Card _____

Card Number _____

Expiration Date: ____/____/____

Signature of Card Holder _____

Date: _____

**Address all inquiries to: Regatta Committee, Larchmont Yacht Club, 1 Woodbine Ave.,
Larchmont, NY 10538. Telephone: 914-834-2440. Fax: 914-834- 2890. Website: www.larchmontyc.org**