



2015 Shields Nationals
Newport, Rhode Island

2015 Shields Class Sailing Association

National Championship Regatta

September 8th -12th, 2015

Regatta Waiver

Boat Name: _____

Sail #: _____

I understand that the decision to participate in any event during the 2015 Shields Class Sailing Association National Championship Regatta ("2015 Shields National Championships") is my sole responsibility and not that of Ida Lewis Yacht Club, Shields Fleet Nine, or the Shields Class Sailing Association. In consideration of being permitted to participate in the 2015 Shields National Championships, on behalf of myself, my heirs, executors, administrators, successors, and assigns, I hereby waive, release and discharge any and all claims, actions, causes of action, and suits whatsoever, in law, admiralty, or equity against Ida Lewis Yacht Club, Shields Fleet Nine, and the Shields Class Sailing Association, each of its officers, directors, employees, sponsors, and agents resulting from or arising out of my participation in the 2015 Shields National Championships.

Competitors and crew members on the competing yachts grant, at no cost, to Ida Lewis Yacht Club, Shields Fleet Nine, and the Shields Class Sailing Association the absolute right and permission to use their name, voice, image, likeness, and biographical material, as well as representations of the boats in any media worldwide (being television, print, and internet media), including video footage, for the purposes of advertising, promoting, reporting, and disseminating information regarding the 2015 Shields National Championships and its participants.

I HAVE CAREFULLY READ THIS WAIVER, AND I UNDERSTAND AND AGREE TO ITS CONTENTS.

I HAVE KNOWINGLY EXECUTED IT FOR THE PURPOSES RECITED THEREIN. If under the age of 18: I, the understood parent or lawful guardian of the below named person, do hereby grant my permission and consent for my child to participate in the 2015 Shields National Championships.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____