



Harbor Hospice Regatta Muskegon Yacht Club July 29, 2020



ENTRY FORM

Yacht Name _____ Boat Make/Model _____

Sail No. _____ PHRF No. (if applicable) _____ Owner/Skipper _____

Email _____ Telephone _____

Address _____

Fees (check appropriate boxes, fill in blanks, total):

- Qualified Fleet (able to be PHRF rated) \$50.00 per Boat
- Non-Qualified Fleet (Cruiser, Laser, JY15, M17, Hobie, etc.) \$50.00 per Boat



____ Judy Miller Memorial Challenge - Division Sponsoring (1 thru 5) _____ \$ _____

Mailed Entry Forms due by Friday, July 24 – Total \$ _____

Please mail form with total amount due to:

Harbor Hospice Foundation, 1050 W. Western Avenue, Suite 400, Muskegon, MI 49441

Please make checks payable to Harbor Hospice Foundation

By submitting this form, I am acknowledging that sailing and racing are inherently hazardous activities and I agree that I, together with my crew, am participating at our own risk and with full knowledge that accidents can take place. To the fullest extent permitted by law, I hereby waive any rights I, or my crew if applicable, may have to file a lawsuit against Harbor Hospice, the Harbor Hospice Foundation, and the race organizers (including any organizing authority, officers, race committee, protest committee, host clubs, sponsors, or any other organization or official involved with the event) with respect to personal injury or property damage suffered by myself or my crew as a result of our participation in this event and hereby release the parties listed above from any liability for such injury or damage.

I agree to be bound by the racing rules of sailing and by all other rules that govern this event.

Print Full Name _____

Signature _____

Date _____