

KINSALE REGATTA
Race Boat Entry and Shore-side Events Registration Form

Name _____

Address: _____ City: _____ State: _____ Zip _____

(h) Phone: _____ (c) Phone: _____

We will use your email address to notify you of important updates and announcements.

E-mail (Primary): _____ E-mail (Backup): _____

Boat Type and Rig: _____ Boat Name: _____ LOA: _____

Registration#: Sail Numbers: _____ Boat Color: _____ PHRF: _____

Contact in Case of Emergency Name: _____ Phone Number (_____) _____ - _____

	Name	Crew or Shore	Cocktail Party	Buffet Dinner	Subtotal
Captain			Included	Included	\$65
Participant			\$10	\$25	
Participant			\$10	\$25	
Participant			\$10	\$25	
Participant			\$10	\$25	
Participant			\$10	\$25	
Race Total Enclosed					

MY CHECK INCLUDES AN ADDITIONAL DONATION TO THE SMITH POINT SEA RESCUE IN THE AMOUNT OF \$ _____.
 This year you will receive a tax deductible receipt from Smith Point Sea Rescue.

Entry form and/or event-only registration form must include check made payable to NNSA.

Mail to: NNSA, P.O. Box 262, Callao, VA 22435

I AGREE, UPON ACCEPTANCE TO PARTICIPATE IN THE "KINSALE REGATTA" ("REGATTA") TO ABIDE BY ALL THE REGATTA REQUIREMENTS AND RULES AND REGULATIONS AS ESTABLISHED BY THE NORTHERN NECK SAILING ASSOCIATION AND PORT KINSALE MARINA. THE UNDERSIGNED ACKNOWLEDGE THAT IN CONSIDERATION OF THE EFFORTS OF THE HOST ORGANIZATION(S), FOR BEING ALLOWED TO PARTICIPATE IN THIS REGATTA AND THE ACCEPTANCE OF THIS APPLICATION TO RACE, HE/SHE/THEY ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATING IN THIS REGATTA, AND THEY WAIVE AND RELEASE ANY AND ALL CLAIMS THEY HAVE OR MAY HAVE AGAINST THE REGATTA HOSTS, INCLUDING, BUT NOT LIMITED TO, THE NORTHERN NECK SAILING ASSOCIATION, ITS OFFICERS, COMMITTEE MEMBERS, MEMBERS, REPRESENTATIVES AND AGENTS AND PORT KINSALE MARINA, ITS OWNERS, EMPLOYEES, AND AGENTS, ARISING FROM DEATH(S), INJURIES, PROPERTY DAMAGE AND ALL OTHER CLAIMS OR CAUSES OF ACTION THEY HAVE OR MAY HAVE FROM THE REGATTA, AND FURTHER COVENANT AND AGREE NOT TO SUE OR TO BRING ANY CLAIM OR CLAIMS OF ANY NATURE WHATSOEVER AGAINST THE HOST ORGANIZATION(S) OR ANY OF THE PERSONS AND OFFICERS NAMED, OR UNNAMED, ABOVE WHO MAY BE ACTING ON THE HOST(S) OR ITS/THEIR BEHALF. THE SKIPPER AND ALL CREW MEMBERS FOR EACH BOAT ENTRY MUST REVIEW AND SIGN THIS FORM. THE UNDERSIGNED ACKNOWLEDGE THAT THEY ARE OVER 18 YEARS OLD, THAT THEY HAVE READ AND UNDERSTAND THIS WAIVER, THEY ARE VOLUNTARILY SIGNING THIS WAIVER WITHOUT DURESS, AND THEY ARE COMPETENT, IN GOOD HEALTH, AND THAT THEY HAVE NO MEDICAL CONDITION OR PHYSICAL DISABILITY THAT WOULD PRECLUDE THEIR PARTICIPATION IN THE REGATTA, OR PUT THEMSELVES OR OTHERS AT RISK FROM THEIR PARTICIPATION IN THE REGATTA.

Skipper's Signature: _____ Date: _____