



**AVALON YACHT CLUB
2010 AVALON CUP OFFSHORE RACE
REGISTRATION FORM**

Name: _____ Skipper: _____

Club: _____

Home Address: _____
street city state zip

E-mail address _____ Cell phone _____

Reminder: The Avalon Cup Race will take place on Saturday August 14th. Please contact the club directly at (609)967-4444 to make your reservation for the Avalon Cup Dinner on Friday, August 13th. Make sure to let the club know that your reservation is for the Avalon Cup Dinner.

Class: (Please Circle)	PHRF Spinnaker	PHRF Non-Spinnaker	J-24	Melges24	Flying Scott
---------------------------	-------------------	-----------------------	------	----------	--------------

Sail Number: _____ PHRF Handicap _____

Boat Type: _____ Length: _____ Draft: _____

Fees: Avalon Cup Registration \$50
 Docking, if necessary, and the Avalon Cup Dinner are not included in the registration fee.

Waiver and Release Statement

Sailing is an activity that has an inherent risk of damage and injury. Competitors in this event are participating entirely at their own risk. See RRS 4, Decision to Race. The race organizers (organizing authority, race committee, protest committee, host club, or any other organization or official) will not be responsible for damage to any boat or other property or the injury to any competitor, including death, sustained as a result of participation in this event. By participating in this event, each competitor agrees to release the race organizers from any and all liability associated with such competitor's participation in this event to the fullest extent permitted by law.

To the fullest extent permitted by law, I hereby waive any rights I may have to sue the race organizers (organizing authority, race committee, protest committee, host club, 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 race organizers from any liability for such injury or damage.

Signature _____ Date _____

NAME _____

Make checks payable to: Avalon Yacht Club

Mail to: Avalon Yacht Club
 Avalon Cup / John Groskoph
 PO Box 189
 Avalon, NJ 08202