EVENT REGISTRATION

Lake Monroe Sailing Association, Inc

Trans Monroe / Southern Challenge

NAME:		**CELL PHONE:**	
ADDRESS:	**CITY:**	**STATE:**	**ZIP:**
EMAIL:	**CLUB AFFILIATION:**		
CLASS or BOAT TYPE:	**RATING:**	**SAIL#:**	**BOAT NAME:**

I hereby **RELEASE** the Lake Monroe Sailing Association, Inc. (hereafter "LMSA") and all of its successors, assigns, affiliates, officers, directors, instructors, members, volunteers, sponsors, race organizers, race committee, protest committee and agents (hereafter "Released Parties") from all liability of personal injury or death, loss and/or damage to personal property, financial responsibility for costs related to emergency treatment or expenses arising from participating in any and all LMSA related events or activities. I hereby agree that the safety of my boat and her crew, including the decision whether or not to wear life jackets, and whether or not to start or continue to participate is my responsibility and not that of LMSA or any Released Parties. I agree not to sue or bring claim against LMSA or any of the Released Parties and to waive protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise. Participation in LMSA events or activities is done under my own free will with knowledge and acceptance of risk and responsibility.

All race activities are governed by RRS Appendix K, paragraph 20 and Appendix L, instruction 29. See RRS 4, Decision to Race.

I **AUTHORIZE** the use, reproduction and publishing without compensation of any photographs taken during any and all LMSA related events or activities that include my image or likeness. I understand this material may be used in various publications, websites and/or social media for any lawful purposes including publicity, advertising or journalism. This material may also be cropped, edited or retouched without my further approval, but may not be used to create derivative works. This authorization is continuous and may only be withdrawn in writing.

Furthermore, I **AUTHORIZE** the sharing of my contact information such as name, phone, email and other social media contacts collected and used by LMSA with other members and club affiliates either directly or indirectly. This authorization is continuous and may only be withdrawn in writing.

This document is binding on my heirs, representatives, successors and assigns. My signature certifies that all terms of this document have

Regatta Fee	**$**		**PAID BY**
Late Fee	**$**		
Meal Ticket	**$**		**CASH $**
Event Shirt	**$**		**CHECK $**
Total Due	**$**		**SQUARE $**

SKIPPER SIGNATURE:	**DATE:**
EMERGENCY CONTACT:	**PHONE:**