

2008 Women's Sailing Clinic Entry Form



MAY 1, 3, 4, 10, 18, & 31, 2008

Event Fee \$25.00

Include payment with application. Fee includes 6 lessons, basic sailing book, and end of course BBQ.

Skipper's (Applicant's) name: _____

Boat type: _____ Sail Number: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone: (____) ____ - _____

Email: _____

Waiver

The undersigned acknowledges that the sport of sailing in which he/she has entered is dangerous and assumes all risk of accident, loss of property or loss of life. The undersigned acknowledges that the decision to engage in the sport of sailing, and/or sailing instruction received from Lake Washington Sailing Club, its members, employees, and volunteers, is the sole and exclusive responsibility of the undersigned. In consideration of the acceptance of this application, the undersigned hereby releases and forever discharges the Lake Washington Sailing Club, its directors, officers, members, employees and volunteers, The City of West Sacramento and the Port of Sacramento and its elected officials, directors, employees and volunteers, from liability for any and all loss, damage, or injury to person or property resulting from his/her participation in the sailing instruction received from and at Lake Washington Sailing Club. The undersigned agrees to be bound by the Racing Rules of Sailing, Inland Rules of the Road, and by all other rules that govern this event.

Applicant's Signature: _____ Date: _____

Parent's Signature (if minor): _____ Date: _____

Mail this entry to:

Lake Washington Sailing Club
P.O Box 980546
West Sacramento CA 95798.

Contact Information

Phone: Debi Glovin at (916) 799-9996

Email: dtglovin@hotmail.com

Official Use Only

Cash Received: _____ Check Received: Amount _____ Check #: _____

Person Receiving Entry: _____