



Rappahannock River Yacht Club

WOMEN'S SAILING CLINIC MAY 6 and 20, 2018

REGISTRATION FORM AND WAIVER

I, the undersigned, agree to abide by the regulations and sailing instructions for this event. I understand that sailing is a potentially hazardous sport and I voluntarily accept the risk of participation in this event.

I, the undersigned, release the Organizing Authority Rappahannock River Yacht Club and the people conducting the event from all liability in connection with any injury or damage that may occur.

Name of Participant: _____

Signature of Participant: _____

Are You an RRYC Member? (circle one): Yes / No

Indicated Experience Level (circle one): Beginner/Intermediate/ Advanced

Date: ____/____/2018

Please mail this to the address below. Non-member include a check for \$20 payable to RRYC:

RRYC
c/o Women's Sailing Clinic
PO Box 55
Irvington, VA 22480