



Intercollegiate Offshore Regatta October 7-9, 2011 Larchmont, NY

School Registration Form

School: _____ STC IOR Team Captain _____

Address: _____

City, State, Zip _____

Tel: _____ E-mail _____

Coach or Faculty Advisor: _____ Tel: _____

Coach or Faculty Advisor E-Mail: _____

As a condition precedent to his or her participation in any race or series (including without limitation all activities relating thereto) sponsored by the Storm Trysail Foundation each participant waives any and all claims including without limitation any claim in respect of assistance given or not given against the boat owner and or his or her representative, the Storm Trysail Foundation, the Storm Trysail Club and/or Larchmont Yacht Club and their directors, officers, members, guests, employees and agents for any injury or damage resulting from participation. I agree that this waiver is binding on my heirs, representatives, successors, and assigns. Signed by all team members

1.	_____	_____	_____
	Name	Signature	Date of Birth
2.	_____	_____	_____
	Name	Signature	Date of Birth
3.	_____	_____	_____
	Name	Signature	Date of Birth
4.	_____	_____	_____
	Name	Signature	Date of Birth
5.	_____	_____	_____
	Name	Signature	Date of Birth
6.	_____	_____	_____
	Name	Signature	Date of Birth
7.	_____	_____	_____
	Name	Signature	Date of Birth
8.	_____	_____	_____
	Name	Signature	Date of Birth
9.	_____	_____	_____
	Name	Signature	Date of Birth

If necessary, include others on the other side