

VOLVO LEUKEMIA CUP REGATTA OFFICIAL ENTRY FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (W): _____

E-mail: _____

Sail Number: _____ Yacht Name: _____

2001 PHRF Rating: _____

Class/Manufacturer: _____

No. of Crew Members: _____

Yacht Club Affiliation: _____

ENTRY FEE: \$75.00

_____ Enclosed is my check for \$ _____ (Made payable to The Leukemia & Lymphoma Society)

_____ Credit Card type: Visa/Mastercard

Card # _____

Expiration Date _____

Amount _____

Signature _____

WAIVER:

I, _____, intending to be legally bound, understand and agree that I am voluntarily participating in the following Leukemia & Lymphoma Society event: The Volvo Leukemia Cup Regatta (Event) at my own request and at my own risk. I acknowledge that I am aware of the risks inherent in the Event and certify that I am physically fit, have not been otherwise informed by any physician and know of no restrictions imposed on me by my own physician that would in any way prevent me from actively participating in the Event. In consideration of being permitted to participate in this Event, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and agree to hold harmless The Leukemia & Lymphoma Society, Inc. and its affiliates, their Officers, Trustees, agents, employees and representatives, successors and entities (be they individuals or organizations, singly and collectively) (Society), together with their insurers, of and from any and all liability, claims, damages or causes of action for any reason, including, without limiting the generality of the following, death, bodily injury, property damage or any other loss or inconvenience whatsoever, suffered by me at any time hereafter occurring as a result of my voluntary participation in the Event (Liabilities). I also give permission for the free use of my name, picture and voice in any broadcast, telecast, print account, or any other account in any medium of this Event.

Date: _____ **Signature of Participant:** _____

*Must be signed by parent or legal guardian if participant is under age 18 on the date this Release is signed.

The undersigned certifies that he/she is the parent or legal guardian of the participant, and as such and on behalf of myself and the participant, agrees to the terms of the Release, releases all parties and entities set forth above from all Liabilities, and indemnifies and holds harmless the Society from all Liabilities.

Date: _____ * _____
Signature of Parent/Guardian

PLEASE SEND COMPLETED FORM AND \$75.00 TO:

The Leukemia & Lymphoma Society/Regatta
530 Dexter Ave. N, Suite 300
Seattle, WA 98109

Questions? Contact Amy Larsen at larsena@wa.leukemia-lymphoma.org or 206-957-4563.