



The Storm Trysail Club's
Intercollegiate Offshore Regatta
October 9-10, 2004
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 Club, each participant assumes any and all risk associated with such participation and waives any and all claims including without limitation any claim in respect of assistance given or not given against the Storm Trysail Club and its directors, officers, members, guest and employees for any injury of damage resulting from participation. I agree that this waiver is binding on my heirs, representatives, successors, and assigns.

Team Members Signatures:

1. _____ 7. _____

2. _____ 8. _____

3. _____ 9. _____

4. _____ 10. _____

5. _____ 11. _____

6. _____ 12. _____