

TRANS SUPERIOR INTERNATIONAL YACHT RACE

WAIVER AGREEMENT:

Yacht Name _____ Sail Number _____

I plan to compete in the Trans Superior International Yacht Race

Waiver and Agreement:

I understand that the safety of my yacht and that of her crew, and the decision whether or not to start or continue to race, are my responsibility and not that of the Trans Superior International Yacht Race Committee or the Duluth Yacht Club. In consideration of the Committee's acceptance of this entry, I for myself and my heirs, legal representative, successors and assigns, hereby waive any and all claims which I and any of them may at any time have against the Trans Superior International Yacht Race Committee or the Duluth Yacht Club, its officers, members, and any of their employees and agents arising out of participation and the participation of my yacht and any accompanying tender in this event. I agree that I shall provide the Trans Superior International Yacht Race Committee with an executed Crew Waiver Form for each person participating on my boat.

Signature of Owner/Skipper

Date

CREW WAIVER FORM:

I understand that the decision to participate in the Trans Superior International Yacht Race is my sole responsibility and not that of the Trans Superior International Yacht Race Committee. In consideration of being permitted to participate in this race, on behalf of myself, my heirs, executors, administrators, successors, and assigns, I hereby waive, release and discharge any and all claims, actions, causes of action, and suits whatsoever, in law, admiralty, or equity against the Trans Superior International Yacht Race Committee and each of its officers, directors, employees, sponsors and agents (collectively as "Releasees") resulting from or arising out of my participation in this race.

I further acknowledge that participation in Trans Superior International Yacht Race involves substantial risk of personal injury and even death which can only be minimized through preparation and training and a continuing evaluation of the conditions under which a race is started and continued, all of which are my sole responsibility. I accept full responsibility for such preparation, training, and evaluation of conditions and specifically release and discharge the Releasees from any duty to provide such preparation, training, and evaluation to or for me and assume all risk of injury and other damage associated with participation in this race.

Competitors and crew members on the competing yachts grant, at no cost, the Trans Superior International Yacht Race Committee and affiliated clubs the absolute right and permission to use their name, voice, image, likeness, biographical material as well as representations of the boats in any media World-wide (being television, print and internet media), including video footage, for the sole purposes of advertising, promoting, reporting and disseminating information regarding this race and the competitors and crew members' participation to the race.

**I HAVE CAREFULLY READ THIS WAIVER, AND I UNDERSTAND AND
AGREE TO ITS CONTENTS AND HAVE KNOWINGLY EXECUTED IT FOR
THE PURPOSES RECITED THEREIN.**

Boat Name _____ **Sail #** _____

Name _____ Signature _____ D.O.B. _____ Age _____
Address _____ Citizenship _____

Name _____ Signature _____ D.O.B. _____ Age _____
Address _____ Citizenship _____

Name _____ Signature _____ D.O.B. _____ Age _____
Address _____ Citizenship _____

Name _____ Signature _____ D.O.B. _____ Age _____
Address _____ Citizenship _____

Name _____ Signature _____ D.O.B. _____ Age _____
Address _____ Citizenship _____

Name _____ Signature _____ D.O.B. _____ Age _____
Address _____ Citizenship _____

Name _____ Signature _____ D.O.B. _____ Age _____
Address _____ Citizenship _____

Name _____ Signature _____ D.O.B. _____ Age _____
Address _____ Citizenship _____

Name _____ Signature _____ D.O.B. _____ Age _____
Address _____ Citizenship _____

Name _____ Signature _____ D.O.B. _____ Age _____
Address _____ Citizenship _____

Name _____ Signature _____ D.O.B. _____ Age _____
Address _____ Citizenship _____

Name _____ Signature _____ D.O.B. _____ Age _____
Address _____ Citizenship _____

Name _____ Signature _____ D.O.B. _____ Age _____
Address _____ Citizenship _____

Name _____ Signature _____ D.O.B. _____ Age _____
Address _____ Citizenship _____

Name _____ Signature _____ D.O.B. _____ Age _____
Address _____ Citizenship _____