

REGISTRATION FORM

2022 INTERLAKE POLTERGEIST REGATTA
Indianapolis Sailing Club

SKIPPER _____ SAIL NUMBER _____

ADDRESS _____ CLUB NAME _____

_____ PHONE _____

CREW #1 _____ CREW #3 _____

CREW #2 _____

Registration Fee (includes skipper dinner): \$ 45
Additional Adult Dinners: ___ x \$15 \$ _____
Child Dinners (12 and under): ___ x \$5 \$ _____
Registration received by 9/24/22 deduct \$5 \$ _____
Total (cash or checks payable to Interlake Fleet #28) \$ _____

Early registrations can be mailed to:
Joe Novak
953 Brownstone Trace
Carmel, IN 46032

Please make sure that you and your crew read and sign the following release and waiver. **Failure to sign this RELEASE AND WAIVER leaves your Registration incomplete, and you are not entered in the event.**

RELEASE AND WAIVER: In consideration of my acceptance in this activity, I, knowingly and willingly, and intending to be legally bound, hereby on behalf of myself, my dependents, my heirs, executors and administrators, waive and release the Indianapolis Sailing Club, Inc., its officers, directors, employees, agents, representatives, successors and assigns from any and all rights and claims for damages I may have arising either out of injuries and illnesses suffered by me in this activity or injuries suffered by my property in this activity, including those which may be attributable to weather and water conditions.

Dated _____ Signature _____
(Skipper)

Dated _____ Signature _____
(Registered Crew Member)

Dated _____ Signature _____
(Registered Crew Member)

Dated _____ Signature _____
(Registered Crew Member)