REGISTRATION FORM

One form per person; Photocopies acceptable.
Incomplete or unsigned entries will not be accepted.

Register online at SailForTheCureOregon.net

SAIL for the CURE®
SEPTEMBER 28, 2008
PORTLAND, OREGON

1 Please tell us about yourself.

NAME _____ U.S. SAILING MEMBERSHIP # (IF A MEMBER) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

ONE FORM PER PARTICIPANT

☐ CHECK HERE IF YOU ARE A BREAST CANCER SURVIVOR.

Additional shirts and hats for sale online. Go to SailForTheCureOregon.net.

2 Will you be attending the on-the-water event or the reception only?

Sail for the Cure On-the-water (check one):

☐ $35 ADULT THROUGH SEPT. 2
☐ $45 ADULT SEPT. 3 – SEPT. 22
☐ $15 CHILD 12 & UNDER THROUGH SEPT. 2
☐ $25 CHILD 12 & UNDER SEPT. 3 – SEPT. 22
(PARTICIPANTS UNDER AGE 18 MUST BE ACCOMPANIED BY AN ADULT.)

NAME OF ACCOMPANYING ADULT:_____

T-SHIRT FIT: ☐ UNISEX ☐ WOMEN'S CUT
(Will receive unisex cut if box not checked.)

T-SHIRT SIZE: ☐ S ☐ M ☐ L ☐ XL ☐ XXL *(Unisex cut only)* ☐ CHILD

Reception Only (check one, skip sections 3 & 4):

☐ $10 ADULT
☐ FREE FOR CHILD 12 & UNDER
(PARTICIPANTS UNDER AGE 18 MUST BE ACCOMPANIED BY AN ADULT.)

NAME OF ACCOMPANYING ADULT:_____

3 Complete either the pink *OR* the grey section below.

☐ **I will be crew.** (Fill out this portion.)

CHECK ONE:

☐ CHECK HERE IF YOU HAVE A BOAT TO CREW ON.
BOAT NAME:_____

☐ CHECK HERE IF YOU'RE LOOKING FOR A BOAT TO CREW ON.
EXPERIENCE LEVEL: ☐ NOVICE ☐ INTERMEDIATE ☐ ADVANCED

☐ **I will be a skipper.** (Fill out this portion. You MUST sign below and you MUST secure boat owner's signature. A packet containing instructions for this year's event will be available at the event check-in from 10am–12pm.)

BOAT NAME _____ BOAT TYPE/LENGTH _____

☐ CHECK HERE IF YOU WOULD LIKE (OR CAN TAKE) CREW. NUMBER OF PEOPLE: _____ ☐ CHILDREN ARE OKAY.

Skipper's Release:

In consideration of acceptance of my participating in this event, I acknowledge and agree to the following: (1) I agree to be bound by the "Racing Rules of Sailing" of the International Sailing Federation including the national prescriptions of U.S. Sailing, as modified by the OCSA Sailing instructions and the Race Notice and/or supplemental instructions for this event. (2) My boat will be subject to disqualification for interference with commercial traffic in accordance with the OCSA Sailing Instructions.

SKIPPER SIGN HERE
SIGNATURE OF SKIPPER _____ DATE _____

Boat Owner's Release:

In consideration of acceptance of my participating in this event, I acknowledge and agree to the following: (1) My boat has a liability insurance policy currently in effect covering bodily injury and property damage with a per occurrence limit of liability of not less than $300,000 and said policy does not exclude yacht racing activities.

BOAT OWNER SIGN HERE
SIGNATURE OF BOAT OWNER _____ DATE _____

4 Sign the release.

Release, Hold Harmless and Assumption of Risk. For and in consideration of participation in the Sail for the Cure® conducted on September 28, 2008, I hereby release and hold harmless Oregon Women's Sailing Association (OWSA), its agents, employees, instructors, volunteers or other persons acting for or on behalf of OWSA, Komen for the Cure, Susan G. Komen Breast Cancer Foundation, and the owner and skipper of any boat involved in the Sail for the Cure from any and all claims of liability for property damage or bodily injury, including death, arising in any manner from my participation in the Sail for the Cure.

I expressly understand that participation in the Sail for the Cure and its related boating and non-boating activities, inherently involves hazards and risks of injury to person and property. I further understand that participation in the Sail for the Cure may involve periods of strenuous activity. I hereby affirm that I have no physical or medical conditions which prevent or limit my ability to engage in these activities. It is my intent to willingly assume all of these risks, known and unknown, and to absolve and hold harmless OWSA and its agents from liability for these risks.

I intend this Release, Hold Harmless and Assumption of Risk to be effective regardless of my participation in the Sail for the Cure is as crew or a skipper.

SIGN HERE
SIGNATURE OF PARTICIPANT _____ DATE _____

SIGN HERE
SIGNATURE OF PARENT OR LEGAL GUARDIAN (FOR PARTICIPANTS UNDER AGE 18) _____ DATE _____

5 Would you like to join the Pink Sails Club and fly a pink burgee in honor of a loved one? *$25 per burgee (pennant).*

☐ **YES!** In honor of (print name):

6 Mail in the form with payment.

Amount Paid:

ON-THE-WATER FEE: $_____
RECEPTION ONLY FEE: $_____
PINK SAILS CLUB: $_____
TOTAL: $_____

Form of Payment:

☐ Cash
☐ Check, Check # (made payable to OWSA):_____
☐ Visa ☐ MasterCard

Acct. #: | | | | | | | | | | | | | | | | |

Exp. Date:_____ Last 3 digits on back:_____

Mail to: Oregon Women's Sailing Association
Sail for the Cure
PO Box 17615
Portland, OR 97217

Registration fees are not refundable, transferable or tax deductible.
Registrations must be postmarked by September 2, 2008.

Early registration deadline: **September 2, 2008**

Be sure to secure your early registration rate, and to guarantee your T-shirt and Pink Sails burgee order.