



## Notice of Race Harris Kempner Intersectional Regatta February 7-8, 2015

#### Host

The Harris Kempner Regatta will be hosted by Texas A&M University at Galveston and Sea Scout Base Galveston. The regatta will be held at Sea Scout Base Galveston 7509 Broadway, Galveston, Texas 77554.

#### Schedule

Saturday 0900 Competitors meeting 1000 First Race Sunday
0900 Competitors meeting
1000 First Race
Sunday no race to start after 1400

#### Boats

Racing will be in two divisions: Collegiate 420's and FJs available through TAMUG and Sea Scout Base Galveston. 420s will be equipped with patent-pending Low Impact Mains (LIM).

Each team should pay a \$50 boat-use-fee for the use of the Sea Base FJs. Each team should provide a refundable \$100 damage deposit to "Sea Scout Base Galveston."

## **Format**

The regatta will be a 2-Division, rotational event. The regatta will be governed by the rules as defined in the Racing Rules of Sailing 2013-2016, as well as the current ICSA Procedural Rules.

# Housing

Housing will be available at Sea Scout Base Galveston, the site of the regatta. Reservations should be made directly with Mike Janota (409-457-6453 cell or 409-572-2562 x1008 office). Sea Base is offering onsite accommodations for \$150/night/team. These are apartment style dorms with shared bathroom; rooms can accommodate 8 or 12 males or females). Additionally, limited housing will be available with TAMUG college students; contact Ryan Murphy, TAMUG Sailing Team Captain at rcamille1006@aol.com

## Berths and RSVP

4 SEISA, 3 SAISA, 1 each other conference. Contact ICSA Intersectional Coordinator ICSA Intersectional Coordinator Danielle Richards (<a href="mailto:intersectionals@collegesailing.org">intersectionals@collegesailing.org</a>) and SEISA Graduate Secretary Blake Billman (<a href="mailto:blake.billman@wellsfarqoadvisors.com">blake.billman@wellsfarqoadvisors.com</a>) for a berth.

## **Waivers**

Each team should complete the TAMUG and SSBG waivers.

## Galveston Community Sailing Center at Sea Base Galveston Waiver

I understand that any water-related recreational activity, including sailing, can be hazardous and can present certain risks. By signing this form, I certify that I am aware of these basic risks and am agreeing that I will not seek to hold Sea Scout Base Galveston (SSBG), Galveston Community Youth Sailing Center (GCYSC), or any of its officers, directors, employees, or agents liable in any way for any accident or injury that occurs in connection with any activity that I participate in as a member of GCYSC.

I understand that injuries can be extremely severe and include death. I am releasing the GCYSC, its officers, directors, employees, and agents from any liability whatsoever whether the injuries or damages are a result of my own negligence or the negligence of the GCYSC, its officers, directors, employees, and agents. I am also agreeing to fully hold harmless, defend, and indemnify the GCYSC, its officers, directors, employees, and agents from any claims from personal injury or property damage made against the GCYSC, its officers, directors, employees, or agents based in whole or in part of my own negligence, the negligence of a guest of mine, or the negligence of the GCYSC. I will also indemnify the GCYSC for the cost of replacing any equipment belonging to the GCYSC if that equipment is damaged in whole or in part by my negligence or the negligence of a family member or guest.

Any incident, collision, or accident that occurs is the sole responsibility of the boat's skipper. Skippers will be held responsible for their actions and the actions of their crew. Skippers may be held accountable for all damage and have to pay for all repairs or damage that may result from their usage of a GCYSC boat, including repairs to GCYSC boats or other boats that may be damaged during the time the skipper is using the boat.

Any negligent, erratic, or dangerous sailing behavior will result in the immediate suspension of sailing privileges. If, in the judgment of any GCYSC staff, a participant's sailing is not up to acceptable standards, that participant's rating may be removed and/or a suspension of sailing privileges may occur. The decision of the GCYSC staff is final. If, for any reason, you feel the action of the GCYSC staff is unjust, a meeting can be set up with the GCYSC's executive staff, the board of directors, or committee thereof, to review the situation.

To sail safely and courteously, use common sense. Never check out a boat if you are not totally comfortable with the conditions, your crew and the boat. Always underestimate your abilities because conditions can change quickly. Inexperienced crew can have a great effect on you ability to safely operate the boat. Remember these simple rules and enjoy the great sport of sailing, safely.

Furthermore, due to the high volume of youth programs at Galveston Community Sailing Center, I understand and agree to allow SSBG to run a background check and sex offender check.

Name (Please	e Print)	 	 
Signature			
Date			

## Enter Student Organization Name and Event Here

TAMUG Sail Team, 2015 Harris Kempner Intersectional Regatta

# STUDENT ORGANIZATION WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any				
and all activities of (herein referred to as "activity"), which is sponsored by				
the TAMUG Sailing Team , a Recognized Student Organization, (herein referred to as				
"organization"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and				
all purposes organization, The Texas A&M University System, the Board of Regents for The Texas A&M				
University System, Texas A&M University, and their members, officers, servants, agents, volunteers or				
employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims,				
demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that				
may be sustained by me while participating in such activity, while traveling to and from the activity or while				
on the premises owned or leased by RELEASEES, including injuries sustained as a result of the sole, joint,				
or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I				
understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.				
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others				
involved with this activity, including but not limited to the dangers of serious bodily injury, including permanent disability, paralysis				
and death.				
and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous				
to me and my property, and to the person and property of others. I acknowledge there may be physically				
strenuous activities. I know of no medical reason why I should not participate. <u>I agree to indemnify and</u>				
<u>hold harmless INDEMNITEES</u> from any and all liabilities, claims, demands, injuries (including death), or				
damages, including court costs and attorney's fees and expenses, which may occur to myself, other				

3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

participants, and third-persons as a result of my participation in said activity, <u>including injuries sustained as</u> a result of the sole, joint or concurrent negligence, negligence per se, statutory fault, or strict liability of

- 4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
- 5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities,

claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; organization has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

## SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.

<b>SIGNED</b> this day of, 20					
Participant Signature:					
Printed Name:					
Participant's Date of Birth:					
Parent or Legal Guardian Signature:					
(If participant is under 18 years old)					
Parent or Legal Guardian Printed Name:					
(If participant is under 18 years old)					
This document should remain on file for two years after the date of event.					
In case of emergency, contact:					
Emergency contact phone number:					
Health insurance company name:					
Policy number:					
Automobile Insurance company name:					
Policy Number:					
Please list any special services you may require due to an existing medical condition or physical disability:					