**PORT JEFFERSON YACHT CLUB, Inc.**

**2023 Fishing Tournament**

**Boat Registration**

**Dates: Friday 6/2 to Sunday 6/4/23**

Member’s Name

Street Address City, State, Zip

Home Phone: Cell e-mail:

Vessel Name:

 Name Long Sleeve Shirt Size Male (M) Female (F) S M L XL XXL

Guests: 1.

2.

3.

4.

 5.

 6.

 7.

Please remit $45.00 Registration Fee for each participant.

 Total (with captain)

**Make checks payable to PORT JEFFERSON YACHT CLUB**

Mail to: Jack Bowman

 71 Saddle Rock Road

 East Setauket, NY 11733

For information call: Jack Bowman (631) 513-3632 or e-mail jjb@mindplusmuscle.com

DECLARATION: I , SKIPPER OF THE VESSEL\_\_\_ \_\_\_\_\_\_ , ACCEPT FULL

RESPONSIBILITY FOR THE CONDUCT OF EACH MEMBER AND GUEST DURING THE Annual Fishing Tournament HEREAFTER REFERRED TO AS AFT. I ACKNOWLEDGE THAT I HAVE SOLE RESPONSIBILITY FOR THE SAFETY OF MY CREW AND VESSEL. PORT JEFFERSON YACHT CLUB INC. IS IN NO WAY TO BE HELD RESPONSIBLE FOR ACCIDENTS, DAMAGE TO PROPERTY OR TO VESSELS, OR INJURY TO CREW OR GUESTS ARISING FROM ANY CAUSE DURING, OR RELATED TO THE AFT. WEATHER AND SEA CONDITIONS MUST BE EVALUATED BY EACH SKIPPER AND HIS CREW AND EACH PARTICIPANT IS RESPONSIBLE FOR DETERMINING IF IT IS SAFE FOR HIM TO PARTICIPATE. THE RESPONSIBILITY OF WEARING A LIFE JACKET RESTS UPON THE SKIPPER AND HIS CREW. IN CONSIDERATION WITH YOU ACCEPTING MY ENTRY FOR THE AFT I DO FOR MYSELF, MY EXECUTORS, MY ADMINISTRATORS, AND ASSIGNS WAIVE AND RELEASE ANY AND ALL CLAIMS THAT I MAY HAVE AGAINST PORT JEFFERSON YACHT CLUB INC., THEIR OFFICERS, DIRECTORS, MEMBERS, COMMITTEE MEMBERS, VOLUNTEERS, EMPLOYEES, AND AGENTS OR ANY ONE OR MORE OF THEM OR THEIR EXECUTORS, ADMINISTRATORS, HEIRS, NEXT OF KIN, SUCCESSORS, OR ASSIGNS, INCLUDING ANY AND ALL CLAIMS FOR DAMAGE CAUSED BY THE NEGLIGENCE OF ANY OF THEM ARISING OUT OF MY PARTICIPATION OR THAT OF MY VESSEL IN THE AFT AND ITS RELATED ACTIVITIES, INCLUDING POST FINISH OPERATIONS AND SHORE ACTIVITIES TOGETHER WITH ANY COST AND EXPENSES INCLUDING ATTORNEY’S FEES THAT MAY BE INCURRED AS A RESULT OF ANY SUCH CLAIM WHETHER VALID OR NOT. I DO HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THEM AGAINST ANY SUCH CLAIMS THAT ANY OFFICER, MEMBER, OR CREW OR ANY OF MY GUESTS (OR THE EXECUTORS, ADMINISTRATORS, HEIRS, NEXT OF KIN, SUCCESSORS, AND ASSIGNS OF ANY OF THEM) MAY HAVE OR ASSERT TOGETHER WITH ANY COSTS AND EXPENSES INCLUDING ATTORNEY’S FEES WITH RESPECT THERETO.

SIGNED: DATE: