



NALSA Landsailing Event Entry Form

Event: Wrong Side of the Tracks Regatta

Location: Jungo Flat Dry Lake, Jungo, NV, USA

Dates: May 25- June 2, 2024 (May 27-31 race days)

Pilot's Name: _____ Age: _____

Street Address: _____

City _____ State, Country, Zip _____

National Federation: _____ Club Affiliation: _____

Email: _____ Phone: _____

Yacht Entries

Pre-registration fee: \$100 (1 class of racing included) + \$10 for each additional class. Until 5/15/2024

On-site registration fee (after 5/15/2024):\$130 (1 class of racing included) + \$10 for each additional class

T-shirt size _____ Extra T-shirt \$25 size _____

Class _____ Sail Number _____ Type or Manufacturer _____

Class _____ Sail Number _____ Type or Manufacturer _____

Class _____ Sail Number _____ Type or Manufacturer _____

Class _____ Sail Number _____ Type or Manufacturer _____

Make checks payable to Randy Badger.

Send to: Randy Badger

4190 W. Cessna Drive, Winnemucca, NV 89445

For PayPal, send money to: Omer Badger at NALSA.Sailing@gmail.com and Paypal to that account.

All pre-registrations must be received on or before May 15, 2024.

Release and Certification

In consideration for my participation in the Wrong side of the Tracks Regatta, I hereby release and hold harmless the North American Land Sailing Association (NALSA), its officers and agents from any and all liability for any damage or injury to my person or property sustained in such regatta, whether such damage or injury be due to negligence of said association, its officers or any other cause. It is the sole and exclusive responsibility of each skipper to decide whether or not to start or continue a race (**note: release and waiver continues on the next page and signing below indicates that you have agreed to the entire waiver**).

Pilot's Signature _____ Date _____

Parent/ Guardian Signature * _____ Date _____

* Required only if pilot is under 18 years old



North American Land Sailing Association
5550 Elymus Rd, Carson City NV 89701
Telephone: (+1) 775-741-3696
Email: nalsamrspresident@gmail.com

NALSA Waiver and Release of Liability (Continued from page1)

I understand that land sailing is a sport of speed, nature, operators, and machines that can be dangerous and life threatening. I am willingly attending and/or participating in this event. In consideration of the risk of injury while participating in events sanctioned or sponsored by the NORTH AMERICAN LAND SAILING ASSOCIATION (NALSA), and in consideration for the opportunity to participate, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind arising out of my attendance and/or participation in this NALSA event, and do hereby release and hold harmless NALSA, their affiliates managers, members, agents, attorneys, staff, volunteers, heirs representatives, predecessors, successors, and assigns, for any physical, emotional, or psychological injury and financial loss. This waiver also covers any issue arising during travel to and from the event.

I AM VOLUNTARILY PARTICIPATING/ATTENDING THE AFOREMENTIONED ACTIVITY AT MY OWN RISK AND AM AWARE THAT NALSA ACCEPTS NO LIABILITY OR RESPONSIBILITY FOR INCIDENTS BEYOND THEIR CONTROL.

I agree to indemnify and hold harmless, NALSA against any and all claims, suits or actions of any kind. If litigation arises pursuant to any claims made by me or by anyone else acting on my behalf, I agree that all actions legal or otherwise will be adjudicated in Washoe County Nevada. If unsuccessful in any claim, against NALSA, I also agree to pay their legal fees and associated costs incurred in defense of this action

I acknowledge that NALSA and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of NALSA. In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment.

In the event that any damage to equipment, facilities, or environment occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be liable for all costs associated with those actions.

To the extent that any section of this waiver differs from existing Nevada statute, that section shall be governed by the existing Nevada statute. All other sections remain as written.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY

Signature

Print Name _____ Date _____

Signature of Custodian or Guardian of Minor Child. Signature:

Print Name _____ Date _____



Medical Emergency Information

Emergency contact and medical information to help Medical personnel if you are in an accident or get sick. This information will be kept confidential and will only be reviewed in a medical emergency. **This document will be destroyed or returned to owner at the end of the event.**

Contact Information:

Full Name: (please print): _____

Address: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Email: _____

Emergency Contact Information:

Full Name: (please print): _____

Address: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Relationship: _____ Email: _____

Medical Information:

Allergies: _____

Existing Issues (heart issues, Blood pressure, etc.) _____