



American Sailing Institute  
2024 ASI Presidents' Cup  
Saturday, Aug 10, 2024  
Notice of Race



**1. RULES.**

1.1. The regatta will be governed by the rules as defined in the [World Sailing: Racing Rules of Sailing 2021 – 2024](#), and the [2021 – 2024 US Sailing Prescriptions](#).

**2. ELIGIBILITY AND ENTRY.**

- 2.1. The Regatta is open to all Interlakes.
- 2.2. Participants to maintain a personal liability insurance coverage of no less than \$500,000.
- 2.3. Enter by completing and signing the Entry Form as well as the Liability release and waiver agreement and submitting both along with the registration fee and a certificate of insurance.
- 2.4. No minors under the age of 3 will be permitted to participate. Minors 3 and over must compete on an Interlake with their parent or legal guardian.
- 2.5. All minors under the age of 6 must wear a PFD while onboard a boat.

**3. SCHEDULE OF EVENTS.**

- 0900-1030 Registration and Launching.
- 1030 Skippers Meeting.
- 1200 First Warning Signal, up to 5 races attempted, no warning signal after 1600.
- 1700 After race snacks and awards.

**4. FEES.**

- 4.1. Entry Fee of \$15 per boat.
- 4.2. \$5 discount for early registration.

**5. SAILING INSTRUCTIONS.**

- 5.1. The Sailing Instructions will be available at registration by 0900 on Saturday morning.

**6. VENUE.**

- 6.1. The skippers meeting will take place next to the East Boat Launch of Kensington Metropark 4570 Huron River Parkway, Milford, MI 48381.
- 6.2. Annual pass, or \$20 Daily Pass, for car and boat are required for entry to Kensington Metropark.
- 6.3. Public restrooms are available next to launch.

**7. THE COURSES.**

- 7.1. Races will be sailed around movable buoys set in windward-leeward configurations.
- 7.2. Up to five races are possible.

**8. SCORING.**

- 8.1. Point Scoring of Appendix A shall apply except that a boat's series will be the total of her race scores unless four or more races are completed, then the worst score will be excluded. This changes A2.
- 8.2. One race will constitute a series.

**9. QUESTIONS.** Please email Sam at [samueldurbin@yahoo.com](mailto:samueldurbin@yahoo.com) with any questions.



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**2024 Presidents' Cup Regatta ENTRY FORM**

SAIL NUMBER \_\_\_\_\_ SKIPPER \_\_\_\_\_

BOAT NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

CREW #1 \_\_\_\_\_ CREW #2 (opt) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STAT/ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ AFFILIATED YACHT CLUB \_\_\_\_\_

ENTRY FEE: \$15 per boat \$ \_\_\_\_\_

Registration received by 7/27/2024 deduct \$5 \$ \_\_\_\_\_

TOTAL (cash, checks, or Zelle payable to American Sailing Institute) \$ \_\_\_\_\_

I agree to be bound by *The Racing Rules of Sailing* and by all other *rules* that govern this event.

Skipper's signature \_\_\_\_\_



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**LIABILITY RELEASE & WAIVER AGREEMENT** In consideration for my participation in sailing activities associated with the American Sailing Institute, the undersigned participant (“Participant”), and if such Participant is a minor, the Participant’s parent or legal guardian, and their respective heirs, executors, administrators, personal representatives and next of kin (collectively with Participant, “Releasors”), hereby forever waive, release and discharge the American Sailing Institute, its affiliates, and their respective members, managers, employees, volunteers, officers, directors, agents, representatives, successors and assigns (each a “Released Party”) from any and all claims, demands, damages, judgments, executions, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, which a Releasor may have, or claim to have, against any Released Party resulting from death, personal injury, property damage or other loss Releasor may sustain as a result of participating in any sailing activity associated with the American Sailing Institute, other related activities (including land-based activities), or the use of the American Sailing Institute’s equipment and facilities.

**THIS RELEASE IS INTENDED TO DISCHARGE EACH RELEASED PARTY FROM ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH PARTICIPATION IN SAILING ACTIVITIES ASSOCIATED WITH THE AMERICAN SAILING INSTITUTE, EVEN IF THAT LIABILITY ARISES OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF ANY RELEASED PARTY.**

Releasors hereby acknowledge that serious accidents occasionally occur during sailing activities and that mortal or serious personal injuries and/or property damage or other loss may result from participation in sailing activities, including further injury or damage sustained as the result of the efforts of third parties who come to the aid of Participant. Releasors hereby agree to indemnify and hold harmless the Released Parties for claims, demands, damages, judgments, executions, rights of action or causes of action relating to any such injury or damage. Participant hereby agrees to pay the American Sailing Institute for loss or damage due to Participant’s intentional, negligent, or careless use or misuse of equipment (including boats) or facilities. Participant further agrees to abide by all rules and instructions of the American Sailing Institute or its representatives or agents relating to participation in sailing activities associated with the American Sailing Institute and Participant agrees that his or her the failure to observe and obey such rules may result in revocation of the right to participate in any such activities without further recourse.

**I have read this Liability Release and Waiver Agreement, fully understand its terms, and freely and voluntarily sign it:**

**Signature of Event Participant:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IF UNDER 18 YEARS OF AGE -- PARENT OR GUARDIAN**

I represent and warrant that I am the parent and/or legal guardian of Participant and I agree, on behalf of the Participant, to all terms in the above Liability Release and Waiver Agreement. I further guarantee the potential financial obligations undertaken above. I give permission to the American Sailing Institute and its agents to undertake and/or authorize any medical treatment deemed necessary, in their discretion.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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