ancient mariners sailing society

2026

Half Pint-o-Rum Regatta

December 12, 2026

Entry Form & Release

YACHT DATA (Complete all sections)

YACHT NAME: _____ SAIL NUMBER: _____

TYPE VESSEL: _____ LENGTH: _____
(Sloop, Yawl, Schooner, etc.) (feet)

HANDICAP: (If known/If not known will be assigned) _____

DESIRED CLASS: Racing _____ Sailing _____ Modern Classic _____

Yacht's entering the Racing Class may request to designate a crewmember other than the Owner to represent that yacht at the start if the Owner is physically unable to row or swim ashore. The proposed designee must be approved by the Race Committee.

RELEASE

In consideration of your acceptance of my entry in the 2026 Half-Pint-o-Rum, I hereby agree to the following conditions to my participation in the regatta and certify that the statements made herein are true and correct. My yacht will be equipped to conform with all USCG safety requirements and those of the US Sailing or any Fleet/Class in which I shall compete. I agree to comply with all rules and sailing instructions governing the race. I hereby release and indemnify Ancient Mariners Sailing Society, their officers, agents, and committee persons, from any and all liability for any injury to myself, my crew, or my yacht, arising out of their conduct of the race, including any injury to others or to property resulting from the race activities. I assume any and all risk of injury for myself or my crew arising out of my participation in the race, failure or breakage of my yacht or any of its equipment, or weather conditions. I assume sole responsibility for the decision to participate in this race or to continue sailing in this race.

I hereby grant Ancient Mariners Sailing Society the right and permission to use any photographs of my boat and or crew during the Yesteryear Regatta and associated shore-side events in any medium and for any purpose whatsoever including (but not by way of limitation) illustration, promotion, advertising and trade.

OWNER(S)/CHARTERER(S)

NAME:(Print) _____ Signature) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

CONTACTS: (Cell ph) _____ (E-mail) _____

Race Chairman: Tim Fleming tflemming.fll@gmail.com