



NALSA Landsailing Event Entry Form

Event: America's Landsailing Cup (ALC)

Location: Ivanpah Dry, Lake, California, USA

Dates: March 23-29, 2025 (race days)

Pilot's Name: _____ Age: _____

Street Address: _____

City _____ State, Country, Zip _____

National Federation: _____ Club Affiliation: _____

Email: _____ Phone: _____

Yacht Entries

Pre-registration fee: \$160 (1 class of racing included) + \$15 for each additional class. Until 3/9/2025

On-site registration fee (after 3/9/2025):\$210 (1 class of racing included) + \$15 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 NALSA.

Send to: Mark Harris (NALSA treasurer)

3422 Yorkshire Dr SE, Olympia, WA 98513 USA

For PayPal, send money to: dirtboatusa@yahoo.com and Paypal to that account.

All pre-registrations must be received on or before March 9, 2025.

Release and Certification

In consideration for my participation in the Americas Land Sailing Cup 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 two pages**).

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

In consideration of the risk of injury while participating in events of the NORTH AMERICAN LAND SAILING ASSOCIATION (NALSA), and in consideration for the right to participate in the AMERICA'S LANDSAILING CUP, 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 whatsoever arising out of my participation in the AMERICA'S LANDSAILING CUP, and do hereby release and forever discharge NALSA, located at IVANPAH DRY LAKE, IN CALIFORNIA, their affiliates managers, members, agents, attorneys, staff, volunteers, heirs representatives, predecessors, successors, and assigns, for any physical or psychological injury, including but not limited to illness, WHICH INCLUDES THE COVID-19 VIRUS, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGURMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHER'S NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM, AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless NALSA against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If NALSA incurs any of these types of expenses, I agree to reimburse NALSA.

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.



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(Continued) I acknowledge that this Activity may involve a test of a person's physical and mental limits and

may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of events.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE NALSA AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST NALSA FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that the statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of NALSA, its agents, and employees.

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. I am aware that I should carry my own health insurance.

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

Signature

Print Name

Signature of Custodian or Guardian of
Minor Child

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.)

Save and Email completed form to Mark Harris dirtboatusa@yahoo.com (assuming you have an app that allows you to fill out PDF Forms). For example, Preview on Mac, the paid versions of Adobe Acrobat, some versions of Word and other word processing Apps.

Or Save, print and scan then email to Mark.

Or, Print without entering information, fill out by hand, scan and email or snail mail to Mark.

Or print and mail to: 3422 Yorkshire Dr SE, Olympia, WA 98513 USA.