CISA Advanced Racing Clinic

**MEDIA RELEASE**

Sailors must submit all forms (Medical Release, Liability Release and Media Release) at check-in on April 5th.

For valuable consideration, receipt of which is acknowledged by my signature, I hereby grant to California International Sailing Association, its assigns, licensees and legal representatives the irrevocable right to copyright, publish and use in any form or media, for advertising, trade, stock use or other lawful purpose, any likeness or photograph in which my child is included, in whole or in part. I waive the right to inspect the finished product, including written copy. I hereby release and agree to hold harmless, its assigns and those operating under its authority from any liability by virtue of the lawful use of these pictures. I warrant that I am of full legal age and that I have read and understand the contents of this release.

**CISA Advanced Race Clinic**

**6216 E Pacific Coast Highway #170**

**Long Beach, CA 90803**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sailor Name:

Sailor Signature:

**If under 18**

Parent Name:

Parent Signature:

Address

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State\_\_\_\_\_\_\_\_\_\_ Zip

Telephone number