

St Lucie Sailing Club

PO Box 344 Stuart FL 34995



PHRF Rating Application Form

(SLSC PHRF's are provided in partnership with MYC)

Owners Name Rich A	rd H Rick					
Address 626 SE	DEAN TEN PORT ST	Lucia FL- 34984				
Phome No 772-285	-5055 E-Maii	PAPARICH 626 & FMAIL, com				
Boat Vendor / Model / Hun	TER 30+ Sail Number	Boat Name Wild Rick				
SLSC Rating:						
Boat Data and Measurement (in decimal feet):						
1 36,83	PY	Spinmaker Girth 16-6				
1 9.75	EY	Spirmaker Leadh 35-6				
	LOA - Overalli Lengtih 20,00					

Draft 4,3

Displacement ((Manufacturer's)) 10,500,

LWVL - Watterline Length 26.33

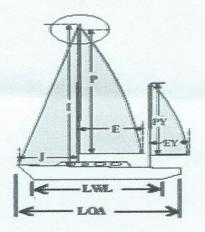
Beam 11.0 54

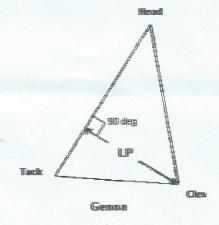
Check all applicable boxes:

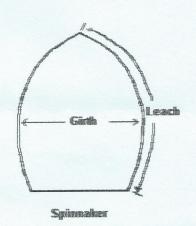
E 12.50

LIP ((Langest Headsail))

Rig	Keel	Rudder	Engine	Prop Install	Prop Type
□IMlastihead	₩Fiim,, Wiimg		(X limboand	□lim Apertuire	X Foldling
XIFractional		★ Skeg	□ O uitboard	⊠ Exposed Shafft	□ Featthering
Surrollier Furled Jilb	☐Center Board	□Spade		□Saill Driive	□Soliid 2-blade
MDacron Maim & Jib	☐Swiing Keel	□ O utiboard	6		□Solid 3-blade
☐ Standard					
Пташ		, , , , , , , , , , , , , , , , , , ,			







Please describe any perfo	ormance enhancing modifications to the b	ooat:
NONE		
	ų.	
	•	
Please provide any other	r information you think may be relevant to for the weight of additional equipment such as extra batteries, davits, di	to the rating: inghies,; thene is no need to provide such information.
NONE		
I hereby grant permissio	on to the Measurer duly appointed by Me ne my rating if necessary.	elbourne Yacht Club to measure my boat in
	Refail Hair	Date: 1/-ス/- 23
-		

SLSC RATING APPLICATION WAIVER AND RELEASE OF LIABILITY

In consideration of my participation in St. Lucie Sailing Club ("SLSC" or "the Club") activities including but not limited to sailing events, regattas, social events, club meetings and all other club sponsored events, I hereby waive, release and discharge any and all claims for personal injury including bodily harm or death, or property damage which I may have sustained or which may accrue in the future as a result of my participation in any such club events. This release and waiver are intended to include all claims or potential claims against the Club, its officers, directors, and others acting for or on behalf of the Club in any capacity including Club committees that may organize and/or sponsor various events, from any and all liability arising out of my participation in any such events.

I understand that the assignment of a Handicap for my boat by the SLSC does not in any way constitute a representation or warranty by SLSC that my boat is designed, rigged, equipped, maintained, crewed, or operated in a manner that is safe and seaworthy for the races that I may enter using this Handicap.

As a boat owner, I understand that it is my responsibility to protect my boat and any and all people crewing or providing any assistance. The decision to participate, not to participate or to withdraw from any event is solely within my discretion and I recognize that the decision of the Club or the Race Committee to proceed with an event is not a representation that participation in the event is safe. Such decision rests solely with the Owner/skipper/captain of each such boat individually, and I agree to hold the Club, its officers, directors, and members, harmless from any damages that may result from my decision to participate in any event. I further recognize that sailing and other activities of the Club have inherent risks including the risk of serious bodily injury or death, that wind, water, and weather conditions may change unexpectedly and are beyond the control of the Club, and I assume all such risks associated with such participation.

Finally, I hereby acknowledge that the Club recommends that I obtain and maintain insurance coverage for my boat and that as an owner, it is solely my responsibility to maintain my boat in a safe and seaworthy condition.

By signing this agreement, I hereby agree to all of the foregoing and represent that I am 18 years of age or older and signed this agreement voluntarily.

SIGNATURE: Kelend HRis DATE: 11-21-23

PRINT NAME: TICHAND H RICE

Please complete and sign this form in both places and send it (preferably electronically) to:

jack.molinelli@gmail.com

or

1435 NE High Hammock Ct. Jensen Beach, Fl. 34957