

CHANNEL ISLANDS HARBOR PARADE OF FRIGHTS

BOAT ENTRY FORM

The parade will begin at 6 P.M. Entries will not be judged. Please let us know which category your vessel falls under for safety reasons: (**IMPORTANT: Please check a box**).

- | | |
|--|--|
| <input type="checkbox"/> Individual Over 30' | <input type="checkbox"/> Individual 30' and under |
| <input type="checkbox"/> *Yacht Club Over 30' | <input type="checkbox"/> *Yacht Club 30' and under |
| <input type="checkbox"/> Commercial/Non-Profit/Gov't | <input type="checkbox"/> Electric Boat (Minimum 14') |

*Limited to Yacht Clubs located in the Channel Islands Harbor

Boats over 50' will be required to contact the Ventura County Harbor Patrol Captain at 805-973-5959 prior to acceptance.

NAME: _____

YACHT CLUB/COMMERCIAL ORGANIZATION: _____

BOAT OWNER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ FAX: _____ BOAT CF#: _____

SKIPPER: _____ PHONE: _____ EMAIL: _____

BOAT NAME: _____ HOME PORT: _____

MAKE: _____ TYPE: _____ LENGTH: _____ TWIN: _____ SINGLE: _____

MARINA: _____ SLIP #: _____

Mandatory skippers' meeting Saturday 10/29/22 at 3 p.m. at the Harbor Department. ENTRY DEADLINE IS OCTOBER 29, 2022, 3 P.M.

ENCLOSE:

1. Completed Entry Form and signed Release Form.
2. Copy of Boat's Insurance Policy (a copy must also be kept on board).

RETURN TO: PARADE OF FRIGHTS, Channel Islands Harbor Foundation,
Inc. 3900 Pelican Way, Oxnard, CA 93035 or FAX to (805) 382-3015
or email CIHarborVisitors@ventura.org
FOR FURTHER INFORMATION PLEASE CALL (805) 973-5950

**CONTRACT ASSUMING RISK OF INJURY OR DAMAGES AND RELEASING COUNTY
OF VENTURA AND CHANNEL ISLANDS HARBOR FOUNDATION, INC.
FROM ALL CLAIMS AND LAWSUITS**

Since all boating events can be dangerous, the COUNTY of Ventura, its boards, agencies, departments, officers and employees, hereinafter referred to as COUNTY and Channel Islands Harbor FOUNDATION, INC., hereinafter referred to as FOUNDATION, INC., require all participants in the boating event called "Parade of Frights" to assume all risks by signing this general release.

The undersigned participant, for himself and personal representatives, as well as assignees, heirs and next of kin, hereinafter referred to as PARTICIPANT, hereby promises and covenants not to sue the COUNTY and/or FOUNDATION, INC. with respect to any activities directly or indirectly related to the "Parade of Frights". The PARTICIPANT releases and agrees to indemnify COUNTY and/or FOUNDATION, INC. from any and all liability for all losses or damages and any claims or demands therefore, on account of injury or death of the person or property whether or not caused by the negligence of the COUNTY and/or FOUNDATION, INC. or otherwise while the PARTICIPANT is upon COUNTY and/or FOUNDATION, INC. premises or engaging in the "Parade of Frights", unless COUNTY and/or FOUNDATION, INC. is solely negligent.

PARTICIPANT acknowledges that no oral representations, statements or inducements of other written promises or inducements have been made and that the sum total of all agreements are contained in the contract. PARTICIPANT understands and is fully aware of the risks and hazards inherent in entering upon premises of COUNTY and/or FOUNDATION, INC. and in engaging in the "Parade of Lights" and that COUNTY and/or FOUNDATION, INC. does not intend to, will not and make no representations that they will or can ensure or enhance the safety of PARTICIPANT. PARTICIPANT hereby voluntarily elects to participate in the "Parade of Frights", realizing that he/she is participating in a hazardous and dangerous boating activity, exposing him/herself to risk of injury and that conditions may become more hazardous or dangerous, he/she has the ability to decline or refuse to participate in this event.

The PARTICIPANT agrees and understands that the statements contained in this contract are true and correct and that the COUNTY and FOUNDATION, INC. have relied upon them in entering into this contract and in giving PARTICIPANT permission to enter the "Parade of Frights".

I HAVE READ AND VOLUNTARILY SIGNED THIS INDEMNITY AGREEMENT AND RELEASE AND WAIVE ALL LIABILITY.

Printed name of PARTICIPANT: _____

Signature of PARTICIPANT: _____

Date: _____