

.....Open
Carsington sailing Club,2010

Entry Form

Please enter (in capitals)

Entry Fee – £

Type of Boat:.....

Sail No:.....

Helm: (full name).....

Date of Birth (if under 18)

Address:

Daytime Tel No:.....

Mobile:.....

Email.....

Club:.....

Date of Birth (if under 18)

By signing this entry form, participants accept that: -

1. Competitors are entirely responsible for their own safety, whether afloat or ashore, and nothing whether in the Notice of Race or Sailing Instructions or anywhere else reduces this responsibility.
2. It is for the competitors to decide whether their boat is fit to sail in the conditions in which it will find itself. By launching or going to sea, the competitors confirm that the boat is fit for those conditions and they are competent to sail and compete in them.
3. Nothing done by the organisers can reduce the responsibility of the owners and / or competitors, nor will it make the organisers responsible for any loss, damage, death or personal injury, however it may have occurred, as a result of the boat taking part in the racing. The organisers encompass everyone helping to run the race and the event.
4. The provision of patrol boats does not relieve the boat of her responsibilities.
5. The boat is required to hold adequate insurance including insurance against third party claims in the sum of at least £2,000,000 (or the equivalent in any other currency).

I/we agree to be bound by the Racing Rules of Sailing, the Sailing Instructions and the Rules of Carsington Sailing Club.

Signed.....
(For helm)

Date.....

Parent or Guardian Declaration (required if helm is under 18)

Under law, this helm is my dependant and I accept the statements above. I confirm that my dependent is competent to take part and I am responsible for my dependant throughout the event. During the time my dependent is afloat I will be around the venue that is hosting the event or I will inform the race officer in writing as to my whereabouts and who is acting in loco parentis during my absence. I consent to my dependent participating in drug testing procedures and, if asked, providing a urine sample under observation for analysis at an accredited laboratory.

Signed.....Name.....

Address..... Te;l /Mobile