



NSSA SINGLE HANDED TEAM RACING CHAMPIONSHIP
Oxford Sailing Club, Farmoor, OX2 9NS
27th and 28th October 2018



PARENT / GUARDIAN DECLARATION

This form should be completed for ALL sailors taking part in the above event, and must be signed by the parent/guardian of the sailor and not the team manager. Failure to complete and return this form will mean that sailors cannot take part in the event.

Name of Team			
Name of Competitor			DOB
Address			
Postcode			
Telephone	Home	Mobile	

RISK STATEMENT - Rule 4 of the Racing Rules of Sailing states: "The responsibility for a boat's decision to participate in a race or to continue racing is hers alone". Sailing is by its nature an unpredictable sport and therefore inherently involves an element of risk. By taking part in the event, each competitor agrees and acknowledges that:

- a) They are aware of the inherent element of risk involved in the sport and accept responsibility for the exposure of themselves, their crew and their boat to such inherent risk whilst taking part in the event.
- b) They are responsible for the safety of themselves, their crew, their boat and their other property whether afloat or ashore.
- c) They accept responsibility for any injury, damage or loss to the extent caused by their own actions or omissions.
- d) They are fit to participate.
- e) The provision of a race management team, patrol boats and other officials and volunteers by the event organiser does not relieve them of their own responsibilities.
- f) The provision of patrol boat cover is limited to such assistance, particularly in extreme weather conditions, as can be practically provided in the circumstances.

ACKNOWLEDGEMENT OF RISK - Under law, the above named competitor is my dependent. I understand the statement of risk which could exclude my dependent's right to claim compensation in certain circumstances. I am fully aware and conscious of the potential risks involved in active water sports, including drowning, hypothermia and other physical injuries and accept that by engaging in active water sports, physical safety could be endangered. I am also aware that other competitors' actions and the actions or inactions of the organisers of this event, including drivers of escort craft, can also endanger physical safety. I acknowledge that it is up to my dependent (and any person appointed in loco parentis) to assess whether any event or activity on the water is too difficult for my dependent. I understand that the organisers have not arranged personal accident insurance for my dependent. I confirm that my dependent is competent to take part, and during the event, either I or the person appointed in loco parentis below will be responsible for my dependent. During the time my dependent is afloat, either I or the person appointed in loco parentis, will be available at the event venue.

MEDICAL TREATMENT - If it becomes necessary for my dependent to receive medical treatment and the organisers are unsuccessful in contacting me, I hereby give my consent to any necessary medical treatment, and authorise the person appointed in loco parentis to sign any document required by the medical authorities. I also consent to my dependent participating in drug testing procedures and, if asked, providing a urine sample under observation for analysis at an accredited laboratory. I consent to the taking of pictures and video during the event and waive any rights to payment for such images. I confirm that my dependent is medically fit to take part in the event and any supporting activities on the above dates. I have listed below any medical conditions for my dependent that the organisers should be aware of.

BEHAVIOUR DURING THE EVENT - If my dependent behaves in a manner that is considered unacceptable by the organisers then I understand I may be asked to collect my dependent within 12 hours from the venue listed above, and will not have entry or accommodation fees refunded.

Name of Parent / Guardian	
Parent / Guardian Address	
Parent / Guardian Telephone Numbers	
Signature of Parent / Guardian	

I agree for my dependent to be bound by the racing Rules of Sailing and all other rules that govern the regatta. I confirm that my dependent and I have read the Notice of Race and accept its provisions.

Person appointed in loco parentis		Telephone number (during the event)	
Medical Information - Please identify any medical conditions or medication being taken which the organisers should be aware of (continue overleaf if more space is required)			
GP Name, Address and Telephone Numbers			