

PLYMOUTH DINGHY REGATTA 2016

Consent for those under the age of 18 must be made by a parent or guardian.

PARENTAL CONSENT

Under law, this competitor is my dependent. I have read and I accept the Risk Statement in the Notice of Race, which excludes my dependent's right to claim compensation in certain circumstances. I declare that, during the event the boat sailed by my dependent will have adequate third party insurance in place. I confirm that my dependent is competent to take part. I consent to my dependent receiving emergency medical treatment. I consent to the taking of digital images during the event and waive any rights to payment for such images. I confirm that the competitor is medically fit and I have advised the organisers of any medical condition which may be relevant.

Competitor name:.....

Signature:..... Relationship if applicable:.....

Print Name:

Emergency contact number: Day.....Evening.....

Relevant Medical Condition(s):.....

