

SALTERNS SAILING CLUB
Children in Need 24 Hour Sail – PARENTAL DISCLAIMER

Please complete in BLOCK CAPITALS:

In consideration of your accepting (Name of Child) Date: _____

at my request to participate in the Children In Need 24 Hour Sail, I agree that I will not for myself or for the above named hold the Club, its officers, members or assistants liable for any injury or damage or loss suffered by the above named while engaged in Club activities either on Club premises or elsewhere, or activities for which the Club is or may be responsible and I will indemnify the Club, its officers, members and assistants against all actions, claims or demands which might arise.

I accept responsibility for his/her conduct while participating in the programme at Salterns Sailing Club in and around the Club premises. I understand that the decision to allow the above named to participate is my sole responsibility. I declare that the above named can swim 10 metres unaided. I understand and agree that my child may be photographed by the Club or its agents and the photograph used for promotional purposes and waive any copyright

I understand that sailing, in common with all water sports, has its attendant risks. I further understand that the Club is only able to provide rescue facilities in accordance with the published risk assessment during the hours of Children in Need 24 Hour Sail and that outside these hours the Club cannot be expected to exercise supervision or control. I understand that, even during Club activities, the Club cannot accept responsibility for children or any other persons not engaged in training.

RYA Senior Instructors, Instructors or Assistant Instructors do not accept responsibility for any loss, damage or injury suffered by persons and/or their property arising out of or during the course of their activities whilst training and/or coaching and/or instructing unless such injury, loss or damage was caused by or resulted from negligence or deliberate act.

I undertake to ensure that he/she will attend the Salterns Sailing Club Children in Need 24 Hour Sail suitably clothed and provided with an appropriate buoyancy device that will be properly worn.

I declare that I have disclosed any medical problems below that might possibly affect the above named during the course of the activities. I consent to any emergency medical treatment necessary during the course of CiN activities.

I understand that I must remain at Salterns during the time my child is sailing.

PARENT/ GUARDIAN NAME AND RELATIONSHIP	
ADDRESS OF CHILD	
HOME PHONE NUMBER	
CONTACT NUMBERS FOR 16/17 November	
PARENT / GUARDIAN SIGNATURE	
ANY MEDICAL CONDITION	Yes/ No Please give detail
MEDICINES REQUIRED	

Please bring this disclaimer with the registration form on the day.