



## PARENTAL / GUARDIAN CONSENT (*Please read carefully*)

A consent form must be completed by a parent/guardian for each **under 18 year old competitor** (on 31<sup>st</sup> August 2020) sailing in the **Senior Dinghy Regatta 2020** at DSC. Competitors sailing in the same boat as their parent/guardian are exempt. The form must be submitted to the Race Officer prior to sailing (see [NoR 3.6](#)).

Please complete in block letters throughout.

Please note that separate consent forms are required for the helm and crew (if applicable). Further copies of this form can be obtained from [www.dartmouthsailingweek.com/Race-documents](http://www.dartmouthsailingweek.com/Race-documents).

### COMPETITOR DETAILS

Name of Competitor: .....

Date of birth:.....

Parent/Guardian's e:mail: .....

Emergency contact number(s): .....

.....

.....

### CONSENT

**I agree** to my child/ward taking part as appropriate in the Senior Dinghy Series associated with the 2020 Dartmouth Royal Regatta Sailing Week and **confirm and acknowledge all** of the following:

- **I confirm** my child/ward is to the best of my knowledge in normal good health and **I will make the organisers aware** of any pre-existing condition for which my child/ward may require routine or self administered emergency medication. e.g. Asthma
- **I confirm** that my child/ward is a confident swimmer and can swim at least 50 metres without a buoyancy aid.
- **I understand** that whilst all the race management team, patrol boat crews and other persons involved with the Regatta will take all reasonable care, there remains an element of risk in sailing and related water activities. **I therefore accept** the Organising Authority, Royal Dart Yacht Club, Dittisham Sailing Club and all persons involved with the organisation and running of the Regatta will not accept responsibility for any loss, damage or injury suffered by persons and/or their property arising out of or during the Regatta unless such injury, loss or damage was caused by, or resulted from, negligence or deliberate act.
- **I accept** Photographs and Video may be taken for the purposes of recording the event and future promotion and advertising.
- In an emergency, **I authorise** the organisers to carry out first aid and/or take my child/ward to hospital and **give my full permission** for any treatment required to be carried out in accordance with the hospital's diagnosis.
- **I have read** the Risk Statement in the Notice of Race (section 11) and **accept** the terms contained therein and **have made my child/ward aware** of their responsibilities.

**Signed:** ..... (Parent/Guardian) *Delete as appropriate*

**Name:** ..... **Date:** .....