



To be completed by the owner or owner's representative or parent.

Boat Details			
Boat Name		Portsmouth Yardstick No:	
		NHC No:	
Class/Model		Sail Number	
Hull Colour			
Owners Name		Telephone Number	
Owners Address		Email address	
Contact details in an emergency:			

Crew Names:
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**DECLARATION:-**

- i. Please enter the above named boat for the 2021 Wednesday Evening Series.
- ii. The form is completed in full with a full entry fee of £30.00 which includes trot boat services and safety boat cover.
- iii. I have read the NOR and SI's, understand and agree to be bound by all the provisions in these documents, inter alia;
  - 'The responsibility for a boat's decision to participate in a race or to continue to race is hers alone.'  
By participating in this event each competitor agrees and acknowledges that sailing is a potentially dangerous activity with inherent risks. These risks include strong winds and rough seas, sudden changes in weather, failure of equipment, boat handling errors, poor seamanship by other boats, loss of balance on an unstable platform and fatigue resulting in increased risk of injury. Inherent in the sport of sailing is the risk of permanent, catastrophic injury or death by drowning, trauma, hypothermia or other causes.

- COVID 19: Competitors and support persons shall comply with any reasonable request from an event official. Failure to comply may be misconduct. Reasonable actions by event officials to implement COVID-19 guidance, protocols or legislation, even if they later prove to have been unnecessary, are not improper actions or omissions. MYC Covid management guidelines will be observed on the hard
- Each boat shall maintain a crew list such that track and trace can be instituted. The helm or agent undertake to alert the MYC offices and all on his crew list should any of the boats crew become unwell
- Each participating boat shall be insured with valid third-party liability insurance with a minimum cover of £2,500,000 or the equivalent in other currencies.
- I will ensure my crew is aware of the undertakings in this declaration, the importance of effecting appropriate personal insurance and their responsibility in rules observance, in particular wearing personal buoyancy adequate for the conditions.

**Owner/ representative**

I have read and accept the above clauses.

Signature..... ..Date.....

Name please print.....

**PARENT/GUARDIAN CONSENT**

**Date of Birth (if under18) of the above named child** ...../...../ .....

I have read and accept the above clauses and I agree to my son/daughter participating.

Parent Signature..... ..Date.....

Parent Name please print.....

Please return to MYC office