



HAMBLE RIVER SAILING CLUB

THE FERRY HARD HAMBLE SOUTHAMPTON S031 4JB

Telephone. (023) 8045 2070 Fax: (023) 8045 6201



CADET SAILING – PARENTAL DISCLAIMER 2010

In allowing (Name of Child) to participate in the Junior Sailing activities of HRSC, 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 hereby 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 sailing programme on the Hamble River or adjacent waters and in and around the Club premises. I understand that the decision to allow the above named to participate in any race or training activity is my sole responsibility. I declare that the above named can swim 25 metres with the aid of a buoyancy aid. I confirm that (Name of Child).....is confident in the water and can submerge his/her whole body underwater for 5 seconds minimum.

I understand and agree that (Name of Child)..... may be photographed/videoed by the Club or its agents and any photograph/video may be used for any lawful purposes and I hereby waive any copyright thereto.

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 safety facilities during the hours of Club racing/training 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 racing or training.

I undertake to ensure that he/she will attend the Hamble River Sailing Club Cadet Sailing activities suitably clothed.

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

Signature of Responsible Adult.....

Please fill in each section

Medical conditions or allergies please list:	
Childs Full Name	D.O.B of child & Age
Address	How long have you been a HRSC member?
	Sailing Experience/Qualifications of cadet:
Post Code:	Home Tel:
	Mobile Tel:
I am happy for my email address to be passed on to other cadet parents in communications regarding cadet events. YES NO	
Please confirm your agreement for your child to appear in photographs taken at cadet events that my be published on the Club web site, in Club publications or displayed in the Club house.	
YES	NO
	PTO

