

Torbay OnBoard Festival

16th May 2009 Briefing at 1200 (First Start 1300)

www.royaltorbayyc.org.uk/

<u>Boat number / Sail number</u> <u>Boat Type</u>	<u>Boat Name</u>	<u>Helm's Club</u>	
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<u>Helm's name</u>	<u>Crew's Name</u>
<u>Helm's date of birth</u>	<u>Crew's date of birth</u>
<u>Helm's age</u>	<u>Crew's age</u>

- The **Participant** agrees that the safety of a boat, the Helm and Crew and her entire management including insurance (minimum of £2 million) shall be the sole responsibility of the **Participant** who must ensure that the boat, the Helm and Crew are adequate to face the conditions that may arise in the course of the race or races. The race organisers shall not be responsible for any loss, damage, death or personal injury howsoever caused to the **Participant** as a result of taking part in the race or races. Moreover, every **Participant** warrants the suitability of the boat (e.g. a current buoyancy certificate) and the Helm and Crew for the race or races.
- The **Participant** agrees to be bound by the Racing Rules of Sailing, the Notice of Race and the Event Sailing Instructions that govern this event.
(A **Participant** is a helm, crew, boat owner, a parent, a guardian or any person who has accepted responsibility for the helm, crew or boat at the event)
- I agree to my child being photographed or videoed whilst sailing by photographers authorised by the Royal Torbay Yacht Club.

<u>Helm's Signature</u>	<u>Crew's Signature</u>
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I confirm that the helm is competent and fit to take part and I am responsible for the helm throughout the event.	I confirm that the crew is competent and fit to take part and I am responsible for the crew throughout the event.
<u>Signature of Parent or Person acting in loco parentis</u>	<u>Signature of Parent or Person acting in loco parentis</u>
Mobile Phone Number (in case of emergency)	Mobile Phone Number (in case of emergency)

Entry fee is £5 per competitor: Cheque included Y/N Return to. The Sectary, Royal Torbay Yacht Club, 12 Beacon Terrace, Torquay TQ1 2BH	Paid: Y/N Received by:.....
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