

DECLARATION You will need to print this email, sign the declaration(s) and pay all fees due before starting your course.

DECLARATION for: _____

COURSE: TYPE _____ **START DATE/DAY** _____

COURSE FEE £ _____ **DISCOUNTS** £ _____ **TOTAL** £ _____ enc: cheque / cash

MEMBERSHIP NUMBER _____

I declare that I am a member of Mumbles Yacht Club, am medically fit to participate in my chosen course, can swim at least 50 metres. I understand that sailing is a hazardous sport and is undertaken at the participant's own risk.

Mumbles Yacht Club officials do not accept responsibility for any loss or damage or injury suffered by persons and/or property.

I accept that if I am using my own boat for training, the safety of the boat and its entire management, including insurance is my sole responsibility, and I am satisfied that the boat is adequate to face the conditions that may arise in the course of training.

Any illness or medical condition need not prevent me from sailing. I have detailed any medical condition that the Club need to be aware of in my online application form.

SIGNED _____ **DATE** _____

PARENTAL DECLARATION - ONLY IF UNDER 18 AT COURSE START

I declare that to the best of my knowledge my child is fit to participate in sailing.

I declare that he/she is a member of Mumbles Yacht Club and I understand that sailing is a hazardous sport and is undertaken at the participants' own risk.

I declare that he/she can swim at least 50 meters.

I understand that Mumbles Yacht Club Officials do not accept responsibility for any loss, damage or injury suffered by persons and /or their property during training.

MEDICAL CONSENT; I give permission to the organisers of activities during the period _____ (dates of event) to administer any relevant treatment or medication to the above-named participant when or if necessary. In an emergency situation I authorise the organisers to take my child to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

CONSENT FOR THE USE OF IMAGES; I grant to the organisers without payment the right in perpetuity to make, use and show any motion pictures, still pictures and live, taped or filmed television of or relating to the training session/event. I agree to notify the organisation of any relevant changes in my child's circumstances. I confirm that my child is not under a court order.

SIGNED (participant) _____

NAME (please print) _____ **DATE** _____

SIGNED (parent/guardian) _____

NAME (please print) _____ **DATE** _____