



**Snipe Class 2018 European & Junior Championship
Segelföreningen I Björneborg r.f. (BSF)
Pori, Finland**

20-25 August 2018

CONSENT AND DECLARATION FORM

[This form may be completed on screen and printed]

Sail Number:

Helm

Crew

Competitors(s):

<input type="text"/>	<input type="text"/>
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Sailor Declarations: I confirm the accuracy of the information contained in the sailor's Entry Form. I agree to be bound by The Racing Rules of Sailing and by all other rules that govern this event. I understand that it is the sole responsibility of each skipper to decide whether to start or to continue in any race. I acknowledge that the organising authority, the sponsors and the race committee do not accept any liability for loss of life, or property, personal injury or damage to property caused by or arising from my participation in the regatta.

My crew has been made aware of this declaration.

During the event, the participating boat shall be insured with valid third party liability insurance with a minimum cover of 500.000 € per incident or equivalent.

I confirm that I am competent to take part.

I consent to my participating in drug testing procedures and, if asked, providing a urine sample under observation for analysis at an accredited laboratory. I note that photographs may be taken during the event, both on and off the water, and I consent to these being published in Class publications and/or on the Class/Club website and those of any authorised photographers.

Parental / Guardian Consent

(*If participant is under the age of 18 years as of 30 December 2018)

I agree that the above-named minor(s) may compete in the **Snipe European or Junior European Championship** at BSF in Pori, Finland. I declare that he/she is physically fit and can swim at least 50 metres. I understand that it is the sole responsibility of each skipper to decide whether to start or to continue in any race of the regatta. I acknowledge that the organising authority, the sponsors and the race committee do not accept any liability for loss of life, or property, personal injury or damage to property caused by or arising from his/her participation in the regatta.

Helm

Crew

Name: _____
(Please print)

Name: _____
(Please print)

Parent/Guardian of Helm

Parent/Guardian of Crew

Name: _____
(Please print)

Name: _____
(Please print)

Signed: _____

Signed: _____

Date: _____

Date: _____

Helm

Crew

Name of Emergency contact

Home address

Home phone no.

Mobile no.

Signature

This Form should be fully completed, signed and returned to:
mari.karttunen-savela@ahslaki.fi
Prior to 1 July, 2018