



HURST CASTLE SAILING CLUB REGATTA ENTRY FORM



PLEASE USE **BLOCK CAPITALS** THROUGHOUT AND PLEASE READ AND SIGN BELOW

Please enter for Race(s) Number.....

Yacht Class or Type..... Sail Number.....

(For Handicap Race Entrants) Portsmouth Number (if known)

Yacht Name.....

Hull Colour..... Mainsail Colour.....

Owner..... Club.....

Helm (if not owner)..... Club.....

Address.....

..... Phone.....

Please sign in the Disclaimer section below

HCSC PARTICIPANT'S DISCLAIMER

I wish to take part in Hurst Castle Sailing Club events and accept the following conditions:
 I understand that boating, sailing and racing may be dangerous and that all who take part in Club events do so at their own risk. I undertake to make all crew members aware of this before embarking.
 I agree to observe the International Regulations for the Prevention of Collision at Sea , the ISF Racing Rules of Sailing with RYA Prescriptions and the Entry Conditions and Sailing Instructions for the event. I accept responsibility for the seaworthiness of my boat and for its adequate insurance against third party claims to the sum of at least £2 million.
 I understand and agree that my craft and its crew may be photographed by the Club or its agents and the photograph(s) used for promotional purposes and waive any copyright.
 Notwithstanding any provisions implied above, I agree not to hold Hurst Castle Sailing Club, its Officers or assistants liable for any injury, loss or damage arising from my participation as owner, skipper or crew in any event organised by the Club, and I further agree to indemnify the Club against any claim arising from such participation.

Signed..... Date.....

Age (if under 18)..... (If so, see below)

NAME (if different from above).....(BLOCK CAPITALS, PLEASE)

ADDRESS (if different from above).....

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PARENT OR GUARDIAN DISCLAIMER (if above named entrant is under 18 years of age)

I agree that the above named child may take part in Hurst Castle Sailing Club events, and agree to ensure that the above conditions are honoured. I understand that the decision to allow the above named to participate in any race or training activity is my sole responsibility

Signed..... Date.....

Capacity (Parent, Guardian).....

NAME.....(BLOCK CAPITALS, PLEASE)

ADDRESS.....

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