

Event	Battle Of The Classes Pursuit Race 2016 2016	
Sail Number		
	Helm	Crew
Name		
Address		
Town		
County		
Post Code		
Tel	~	~
Email		
Date of Birth		
Club		
Declaration	I agree to be bound by the Racing Rules of Sailing and all other rules that govern this race. In particular, I confirm that I have read the Notice of Race and accept its provisions and agree that my boat will conform to the requirements set out in the Notice of Race throughout the event.	
Signed	X	X
Parent or person acting in loco		
Mobile		
Declaration	Parent/Guardian Declarations: (Required for all helms and crews who are under 18 years of age) Under law, this competitor is my dependent. I accept the Statement of Liability in the Notice of Race, which excludes the right to claim compensation in certain circumstances. During the event the boat sailed by my dependent will have a valid and current third party insurance of at least the value in the NOR. I confirm that my dependent is competent to take part. I will be responsible for my dependent throughout the event, and during the time he/she is afloat I will be available at the event venue, or I will inform the Race Office in writing who is acting in loco parentis.	
Signed	X	X
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