

# Consent for a minor's participation in a Laser sailing championship

The class International Laser Class  
The club Skovshoved Sejlklub, Charlottenlund, Denmark  
The championship European Laser Radial Youth Championship 2009

To be completed by the parent / guardian of all entrants under 18 years of age.

## BOX A - Sailor and Responsible Adult details

Name of sailor (*the minor*)

e.g. John Smith

1

Name of the *responsible adult* attending event

e.g. Richard Brown

2

Mobile phone number of *responsible adult*

e.g. + (Country code) 123456789

3

## BOX B - Parent / guardian details

Name of *parent / guardian*

e.g. Mary Smith

1

Address

2

Telephone number:

Daytime

3

Evening

4

Mobile

5

Failure to return this form will result in your entry to the championship being cancelled as per the Notice of Race. Upon arrival at the club the *responsible adult* will be required to sign to acknowledge their acceptance of responsibility for *the minor*.

### Agreement

I, the *parent / guardian* have legal custody of *the minor*. I hereby authorise the *responsible adult* to act as my nominated person at *the championship*. I agree that this authorisation shall remain in effect for the duration of *the minor's* participation in *the championship* and related activities and shall not be revoked before the end of *the championship*.

### Non-Liability of the club and the class

I agree that in no event will *the club* or *the class*, their parent companies, affiliates, or the partners, owners, directors, officers, employees, agents and committee persons have any liability whatsoever arising from or in connection with any action or non-action of the *responsible adult*.

I, the *parent / guardian* understand and agree to the terms of entry as detailed in the Notice of Race and confirm that the *responsible adult* will accompany *the minor* for the duration of *the championship*.

By signing I certify that I have carefully read, understand and agree to the above agreement and non-liability statement.

Signature of parent / guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please ensure that all sections are completed and you have signed at the bottom of the form.

Fax to +44 (0) 117 3150462, alternatively scan and email as a PDF to  
office@laserinternational.org