

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

The class

INTERNATIONAL LASER CLASS

The club

Buenos Aires, Argentina

The championship

WORLD LASER STANDARD UNDER 21 CHAMPIONSHIP 2012

To be completed and signed 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