

## FROSTBITE SERIES 2018

*Sponsored by Fox's Marine and Country*

7<sup>th</sup> January to 4<sup>th</sup> March 2018

	Member	Visitor
18 races over 9 race days	£30	£60
2 races per race day	£5	£10
Dinghy Park Storage		£30

*(Please circle your choice)*

	Craft	Sail No
	Helm	Crew
First Name		
Surname		
Date of Birth		
Club		
Home Address		
Postcode		
Telephone No		
Email Address		

### Acknowledgement of Risk and Insurance

I agree to be bound by the Racing Rules of Sailing and all other rules that govern this event. 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. I acknowledge that it is up to me personally to assess whether any event or activity on the water is too difficult for me, and whether or not my personal safety could be endangered. I acknowledge that the safety of my craft and her entire management including insurance is my sole responsibility, and I am satisfied my equipment is adequate to face the conditions that may arise in the course of the event. I declare that I hold a valid and current craft insurance which covers me for third party claims in the sum of at least £2million per incident whilst racing and that I will continue to do so whilst engaged in racing at Alton Water Sports Centre.

Name (helm) .....

Date .....

Signature (helm) .....

### Under 18's

Under law, this competitor is my dependent, and I accept the Disclaimer of Liability in the Notice of Race which excludes my dependant's 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 £2million per incident. I confirm that my dependent is competent to take part and that I am responsible for my dependent throughout the event. During the time my dependent is afloat I will be in or around Alton Water Sports Centre or I will inform the race officer in writing who is acting in loco parentis during my absence.

Name .....  
(parent, guardian or supervising adult)

Date .....

Signature (parent, guardian or supervising adult) .....