## **HISC OPEN MEETING ENTRY FORM**

Event	Date of Event
Class of Boat:	Sail No:
Helm: (full)	Date of Birth (if under 18)
Address: (if not HISC member)	
Daytime Tel/Mobile:	Club:
Email:	
Crew: (full name)	Date of Birth (if under 18)
Address: (if not HISC member)	
Medical information: It is recommended that any competitor with a known medical condition and/or who is taking medication should record this information, together with their name, on a wrist band so that in the event of an emergency this information is quickly available to the emergency services.	
Competitor Declaration: I agree to 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 for the event 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(For helm & crew)	Date
USE OF YOUR IMAGE The Organiser may arrange for images or videos to be taken at the Event and published on the Event, Organiser and/or News media websites or associated social media channels to promote the Event or Organiser.	
Please acknowledge your agreement of images in which you are identifiable being used for this purpose separately below please tick here:	
Helm I agree	Crew
Parent or Guardian Declaration (required if helm is under 18)	
Under law, this HELM is my dependent and I accept the statements above. I confirm that my dependent is competent to take part and I am responsible for my dependant throughout the event. During the time my dependent is afloat I will be around the venue that is hosting the event, or I will inform the race officer in writing as to my whereabouts and who is acting in loco parentis during my absence.	
I also confirm that I have authority to act on behalf of the dependant when completing the "Use of Image" clause as detailed above.	
SignedName	
Address	Tel /Mobile
Parent or Guardian Declaration (required if crew is under 18)	
Under law, this CREW is my dependent and I accept the statements above. I confirm that my dependent is competent to take part and I am responsible for my dependant throughout the event. During the time my dependent is afloat I will be around the venue that is hosting the event, or I will inform the race officer in writing as to my whereabouts and who is acting in loco parentis during my absence.	
I also confirm that I have authority to act on behalf of the dependant when completing the "Use of Image" clause as detailed above.	
Signed	Name
Address	Tel /Mobile

## USE OF YOUR IMAGE

If you later wish to withdraw your agreement, please advise the office
Please be aware that if you later decide to withdraw your agreement it will not be possible to remove your image from any printed material in circulation, or until the next edition or print of the item containing your image is released.

By agreeing to your images being used, you agree to assign any copyright or any other right of ownership of these images to the Organiser.