



# BRSC WoW

## Participant form

### (including medical & safety)

Thank you for visiting BRSC. We hope that you enjoy your time at the club and are pleased that you have chosen to take advantage of the WoW sessions on offer.

#### PARTICIPANT CONTACT DETAILS

Name:		Age if under 18:	
Address:			
Home phone no. <i>(of parent / carer if under 18)</i>		Mobile no. <i>(of parent / carer if under 18)</i>	
Email address: <i>(of parent / carer if under 18)</i>			

#### PARTICIPANT DOCTORS DETAILS

Name of Doctor:	
Surgery Address:	
Telephone Number:	

Does the person named above have any previous boating experience or qualifications?	
Does the person named above have any medical conditions or physical or mental impairments that may affect their ability to take part in the course, or that BRSC should be aware of? <i>(e.g. epilepsy, giddy spells, pregnancy, asthma, angina or other heart conditions, nervous disorders, sea sickness, injuries, allergies, medication requirements, diabetes)</i> Is the person named above on any medication that we should be aware of?	
Can the person named above swim 25 metres or more?	
Telephone number (in case of emergency)	
Please use this box to give us any additional information you would like us to be aware of:	





# BRSC WoW

## Participant Form

### Cont.

#### TERMS

##### RISK STATEMENT

It must be recognised that sailing is by its nature an unpredictable sport and therefore inherently involves an element of risk. By taking part in this course, you agree and acknowledge that:

- (i) You are aware of the inherent element of risk involved in the sport of sailing and you accept responsibility exposing yourself to such inherent risk whilst taking part in the sessions;
- (ii) You will comply at all times with the instructions of the Organiser and/or skipper of the boat particularly with regard to instructions for boarding and leaving the boat and/or launching and recovery (as relevant), using the equipment on the boat and handling sails, wearing of buoyancy aids, lifejackets and the wearing of suitable clothing in particular footwear for the conditions;
- (iii) You accept responsibility for any injury, damage or loss to the extent caused by your own negligence;
- (iv) You will not participate in the sessions whilst your ability to take part is impaired by alcohol, drugs or whilst otherwise unfit to participate;
- (v) The provision of supervision by the Organiser is limited to such assistance, as can be practically provided in the circumstances.

##### CANCELLATION

You understand that the Organiser may cancel or postpone the sessions at any stage in the event of bad weather, equipment failure or otherwise. In the unfortunate event of this, we will endeavour to inform you as soon as possible.

##### MISCONDUCT

You understand that the Organiser or the skipper of the vessel may ask anyone who refuses to comply with these Terms or who misconducts themselves in any way or who causes damage or annoyance to other persons to leave the event/vessel at a suitable opportunity.

##### DATA PROTECTION

The information given by you on this form will be used by us to process your attendance on the sessions. We may also include your name and address on our mailing list for future courses.

If you **do not** want to receive details of our promotions please tick here

##### PHOTOGRAPHY

We may take photographs and video footage of the course for use by us in connection with the promotion of us / RYA and our activities.

If you **object** to the use of these images please tick here

#### CONSENT (to be signed by all persons over 18)

I confirm that I have read and fully understand the above Booking Terms and agree to comply with them.

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

#### PARENTAL/GUARDIAN CONSENT (to be signed in respect of all persons under 18)

I agree that \_\_\_\_\_ may take part in the course. I confirm that I have read through the above conditions with him/her and that she/he understands and agrees with them.

I also confirm that he/she takes part in the course with my full agreement and that the particulars given above are correct and complete in all respects. I also agree to remain on BRSC premises whilst the person named above participates in the course, or give the name of the nominated adult who agrees to remain on BRSC premises and have responsibility of the young person named above.

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

Name of nominated adult \_\_\_\_\_

Once completed please hand this form to a BRSC representative

