

**PARENTAL/GUARDIAN AGREEMENT FOR SAILING EVENTS**

(to be completed if the participant is aged under 18)

Name of participant	
Date of birth of participant	
Name of parent/guardian completing this form	
Relationship to participant	
Contact number	
Name and date of event	

**Supervision**

I will be responsible for my child throughout the event (delete if appropriate). I will be available at Restronguet Sailing Club or I will appoint a person named below, who has agreed to act in loco parentis.

**In loco parentis (if appropriate)**

They will be responsible for my dependant throughout the event. They will be available at the Event venue.

Name of person appointed in loco parentis	
Mobile number	

**Use of your child's image**

The Organiser may arrange for images or videos to be taken at the event (delete if appropriate) and published on the Restronguet Sailing Club's website or social media channels to promote the club.

If you agree to the use of images of your child being used for this purpose, please tick here.

If you later wish to withdraw your agreement, please contact the club. 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 images being used, you agree to assign any copyright or any other right of ownership of these images to the Organiser.

**PARENTAL/GUARDIAN AGREEMENT (if under 18)**

I agree that ..... may take part in the event. 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 Event with my full agreement that the particulars given above are correct and complete in all respects. I have notified any medical information and impairments that the organiser should be aware of in the section overleaf.

Signed.....Parent/Guardian..... Date.....

## MEDICAL INFORMATION AND IMPAIRMENTS

*(For full guidance on collecting personal medical information, in relation to compliance with the General Data Protection Regulations, please see the RYA's **Race, Training and Event Management** booklet)*

Please provide details of any medical condition or physical or mental impairment that may affect the participant's ability to take part in the event.

## SPECIAL CATEGORY DATA

I confirm that I have given the Organiser the medical information listed on this page (if any) for the purpose of participation in the Event. I understand that this information will only be used for that purpose and will only be retained for as long as necessary to comply with the Organiser's legal obligations.

I agree/ I do not agree (Please circle)