



Craftinsure Filey Regatta 2010
5TH & 6TH June 2010, Filey Bay, North Yorkshire
Windward/Leeward Course Entry Form

Name of Helm _____

Name of Crew _____

Address _____

Phone _____

Email _____

Class of Boat _____

Sail Number _____

Sailing Club _____

Please tick the appropriate fee

Single Handed £20

Double Handed £25

BBQ

Camping

Car Parking

Total

This declaration must be signed

The entry of the above boat is conditional on acceptance of the following by the Owner/Competitor racing the boat:

- The organising authorities shall not be liable for any loss, damage, death or personal injury howsoever caused to the Owner/Competitor, his or her helm as a result of their taking part in the race. Moreover the Owner/Competitor warrants the suitability of his/her boat for the race/races.
- The provision of safety equipment and boats by the organising authorities is neither guarantee that assistance can be rendered to any competitor in need, nor an acceptance of any responsibility for rescue of competitors. Further, in the event that assistance is rendered to any competitor neither the organising authorities nor the crew of craft accepts liability for any loss, damage or injury to the competitor and /or boat and its equipment.
- RBS Fundamental rule 4: A boat is solely responsible for deciding whether or not to start or continue racing shall apply.
- I agree to be bound by the Racing Rules of Sailing and by all other rules that govern this event
- I hold and will produce a current measurement certificate for the above boat and membership of my class association
- I declare that I hold a valid certificate of insurance that also covers me whilst racing (including third party liability cover of at least £2,000,000) and for which is valid for the duration of the event.
- I understand that if the boat is in the charge of any other person other than the undersigned, it is the responsibility of the undersigned to bring to the attention of the person in charge of the boat to the provisions of the entry form.

I have read the above conditions and accept the responsibilities contained therein

Signed _____ **Date**_____

Please return this form to Jim Bryce, The Cottage, Healaugh, York, LS24 8DB