EVENT DETAILS		
Discover Sailing event name		
Venue		
Date		
Discover Sailing Event Co-ordinator		
Event details		
MAIN PARTICIPANT CONTAC	CT DETAILS	
Name		
Address		
Contact no.		
Email address:		
If you are under 18, your parent or guard	dian must complete a	nd sign the Parent/ Guardian Consent Form.
ABOUT YOU		
Do you have any previous boating experience or qualifications?		
If yes, please give brief details.		
Can you swim 25 metres?		
In the interests of your safety do you have any medical conditions or physical or mental impairments that the Organiser needs to be aware of that may affect your ability to take part in the Discover Sailing Event?		Yes No (Please mark one box with 'X') If you answer yes please provide further details in the Medical Information and Impairments section of this form.
Telephone number of emergency contact.		



ABOUT OTHERS in your group (from the same address)

Name	
Name	
Name	
Name	
Please list their previous boating experience and/or qualifications.	

Please ensure each member in your group provides details of any medical conditions or physical or mental impairments that the Discover Sailing Organiser needs to be aware of that may affect their ability to take part in the Discover Sailing Event in the Medical Information and Impairments section of this form at page [].

BOOKING TERMS

1. 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 the Discover Sailing Event, you agree and acknowledge that:

- (i) You are aware of the inherent element of risk involved in the sport and you accept responsibility for exposing yourself to such inherent risk whilst taking part in the Discover Sailing Event;
- (ii) You will comply at all times with the instructions of the Discover Sailing Event Co-ordinator 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 Discover Sailing Event if your ability to participate is impaired by alcohol, drugs or if you are otherwise unfit to participate;
- (v) You will inform the Discover Sailing Event Co-ordinator if there have been any changes to the information provided on this form at the time of the Event.
- (vi) The provision of supervision by the Discover Sailing Organiser is limited to such assistance, as can be practically provided in the circumstances.

- (vii) You understand that the Discover Sailing event is intended to give participants a chance to experience sailing or windsurfing. You will be offered the chance to take part in the activities under the guidance of a representative of the Discover Sailing Organiser who has been assessed by the organiser as competent and sufficiently experienced to supervise your experience. These representatives may not be qualified instructors. The Discover Sailing event is not intended to provide tuition or instruction.
- (viii) You are aware of any specific risks drawn to your attention by the Discover Sailing Event Co-ordinator.

The Organiser very much hopes that you will enjoy the Discover Sailing Event and will be able to advise you on how to obtain tuition and instruction should you wish to take your experience to the next stage.

2. CANCELLATION

You understand that the Discover Sailing Event Coordinator may cancel or postpone the Discover Sailing Event at any stage in the event of bad weather, equipment failure or otherwise.

3. MISCONDUCT

You understand that the Discover Sailing Event Coordinator may exclude anyone from a particular session and evict anyone from the premises who refuses to comply with these Booking Terms or who misconducts themselves in any way or who causes damage or annoyance to other persons.

1. DATA PROTECTION	If you are taking part in the Discover Sailing Event	
The Discover Sailing Organiser has a Data Privacy Policy which can be found at [PLEASE FILL IN WITH CLUB/CENTRE DATA PRIVACY POLICY]	as a family, your family members, aged 18 and over, should indicate their consent to the use of their image separately below.	
our data will be used and stored in accordance with	Family member	
hat policy.		
The information you provide in his form will be used to acilitate your participation in the Discover Sailing Event and to contact you. The Organiser would also like to include	Family member	
our contact details on a mailing list in order to make you aware of membership opportunities and future events.	PARENTAL/GUARDIAN CONSENT (if children under 18) If you consent to the use of your child's	
If you would like to be included on this mailing list please mark 'X' here.	image being used for the purposes above please mark 'X' here.	
f you wish to withdraw your consent at any time, please contact	If you/the individuals listed above later wish to withdraw consent, please contact discoversailing@rya.org.uk.	
5. PHOTOGRAPHY	Please be aware that if you later decide to withdraw your consent it will not be possible to remove your	
The Discover Sailing Organiser may arrange for photographs or videos to be taken at the Discover	image from any printed material in circulation, or until the next edition or print of the item containing your image is released.	
Sailing Event and published on the Event or Organisers website or social media channels to promote the Event or Organiser. This imagery may also be used by the RYA n connection with the promotion of its activities.	By agreeing to your images being used, you agree to assign any rights of ownership in those images to the Organiser.	
If you consent to the use of images of you being used for this purpose, please mark 'X' here.		
AGREEMENT (to be signed by all persons o	ver 18)	
confirm that I have read and fully understand the above Bo	oking Terms and agree to comply with them.	
Signed	(The Participant) Date	
Signed	(The Participant) Date	
PARENTAL/GUARDIAN AGREEMENT (if chil	dren under 18)	
Name of parent/guardian completing this form	Relationship to participant	
Supervision (mark an 'X' in one box below)		
I will be responsible for my child throughout the event. OR	I will be available at the event venue	
I appoint the person named below, who has agreed to a dependant throughout the event. He/she will be availab		
Name of person appointed in loco parentis	Mobile number	
agree that may take part conditions with him/her and that she/he understands and ag Event with my full agreement that that the particulars given	grees with them. I also confirm that he/she takes part in the	
Signed	Parent/Guardian Date	



☐ I agree ☐ I do not agree (Please mark one box with 'X')

MEDICAL INFORMATION AND IMPAIRMENTS If you declared that you have a medical condition or physical or mental impairment that the organiser needs to be aware of because it may affect your ability to take part in the Event please provide details below SPECIAL CATEGORY DATA: I confirm that I have given the Organiser the medical information listed above (if any) for the purposes of my participation in the Event. I understand that this information will only be used for that purpose and will be retained for as long as necessary to comply with the Organisers legal obligations.