



## **BAY OF QUINTE YACHT CLUB OF BELLEVILLE INC.**

This form is required for all athletes under 18 years of age. It must be signed by the Parent/Guardian or person acting in loco parentis.

### **PARENT/GUARDIAN/LOCO PARENTIS DECLARATION**

**Event:**     BQYC Quinte Quest Clinic & Regatta    

**Name of Competitor:** \_\_\_\_\_

**Class:** \_\_\_\_\_ **Sail number:** \_\_\_\_\_

#### **Parent/Guardian/Loco Parentis Declaration:**

I confirm I am the legal guardian of this competitor or have been asked by the legal guardian to act in loco parentis. I accept the Disclaimer of Liability below, which excludes said dependent's right to claim compensation in certain circumstances. I confirm that said dependent is competent to take part.

During the event (tick one):

I will be responsible for my dependent throughout the event, and during the time my dependent is afloat I will be available at the event venue\*.

The person named below, who has agreed to act in loco parentis will be responsible for said dependent throughout the event. During the time said dependent is afloat he/she will be available at the event venue\*.

#### **Disclaimer of Liability:**

Athletes are entirely responsible for their own safety, whether afloat or ashore, and nothing reduces this responsibility. It is for athletes to decide whether their boat is fit to sail in the conditions in which it will find itself. By launching or going to sea athletes confirm the boat is fit for those conditions and they are competent to sail and compete in them. Nothing done by the organizers can reduce the responsibility of the owners and/or athletes, nor will it make the organizers responsible for any loss, damage, death or personal injury, however it may have occurred, as a result of the boat taking part in the racing. "The organizers" encompasses everyone helping to run the event. The provision of safety boats does not relieve owners and athletes of their responsibilities.

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Parent contact cell number: \_\_\_\_\_

Person appointed in loco parentis: \_\_\_\_\_

In loco parentis contact cell number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

If applicable - Signature of Loco Parentis: \_\_\_\_\_

\*"event venue" includes either on land and or water.