



SAIL N°

PARENT / GUARDIAN CONSENT AND DECLARATION FORM

I, the undersigned (parent/guardian full name)	
Address	
Telephone	Email
Hereby declare to be responsible for Name (sailor)	
Date of birth :	
Class	Sail N°
Country	

Within the context of his/her participation in "Kidibul Cup Cap d'Agde" to be held in Cap d'Agde from 29th October to 2th November 2019 organised by the "Centre Nautique du Cap d'Agde".

I authorise the organisers of the event to make and medical or hospital arrangements for him/her in case of emergency, including his/her transport to hospital.

Moreover, I declare that is holder of an individual casualty policy.

I consent to my child :

- Being photographed.
- Being filmed for a video or the TV.
- Being interviewed by the press
- I allow the organization committee to broadcast, via the website, all the information useful for the promotion of the regatta, including the name, and to broadcast all the pictures taken during the competition and linked to it.

Signed in (place)

On (date)

Signature