PARENTAL AUTHORIZATION

I undersigned (Parent/Guardian Full name); ………………………………………………………..  
Address: ……………………………………………………………………………………………….

Phone:

Email

Declaring to be responsible for:

NAME(Sailor):

Birthdate: Country:

Within the context of his/her participation in:

Koper Europa Cup 2019

Organised in KOPER from 22th to 24th March 2019,

By the JK Jadro Koper- Capodistria,

1. Hereby confirm that the "Agreement" in form 1 shall be binding on him/her. I further

agree that (print competitor’s name) may compete in

this Championship as specified in the Notice of Race and Sailing, Instructions and understand and accept that under RRS Fundamental Rule 4, it is the sole responsibility

of (print competitor’s name) to decide whether or not

to start or to continue to race, and I agree not to report to any court or tribunal with respect to such a decision and its consequences.

1. I designate Mr./Mrs. , as the responsible adult for the

competitor throughout the event.

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

a. Moreover, I declare that is holder of an individual

casualty policy.

1. I consent to my child:
   1. - being photographed,
   2. - being filmed for a video or the TV,
   3. - being interviewed by the press:
   4. I allow the International Committee and the organization Committee to broadcast, via the website, all the information useful for the promotion regatta, including the name, and to broadcast all the pictures taken during the competition and linked to it.

Place, Date: Signature:

The Appointed Person accompanying the competitor should present this form prior to complete registration on Race Office. Please send to: info@jadrokoper.si  
  
www. Jadrokoper.si

Koper. Slovenia 2019

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