Glandore Harbour Yacht Club

MEMBERS RACE AGREEMENT 2020

INSTRUCTIONS:

This agreement should be printed, completed and signed by all owners and helms, then either or brought to the club at your first race of the season where it will be filed, or alternatively posted to the class captain c/o GHYC, School Road, Glandore, Co. Cork, before your first race.

This part of the online race entry procedure only needs to be done once per season.

NB: If the owner/helm is under 18 years old, this form will also have to be signed by their parent or guardian for contractual reasons.

Declaration

I confirm that I am a paid up member of Glandore Harbour Yacht Club (GHYC), and the owner/helm of the boat referred to below.

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| I agree to be bound by the current Racing Rules of Sailing, and to comply with all the Notices of Race, the GHYC Sailing Instructions (SI’s) and Supplementary SI’s and any amendments thereto for all GHYC club races during 2020 that I/we enter and race in. I have also read and confirm agreement with the Members Racing Terms and Conditions document which is on the GHYC website on the Racing page.  I acknowledge that GHYC will not accept any liability for material damage or personal injury or death sustained while taking part in the above mentioned club races and confirm that the boat has adequate Third Party Insurance, including Racing Risk, which will remain in place or be renewed to cover the whole racing season May to September 2020. I acknowledge my responsibility to ensure that my/our boat’s racing crew are aware of the risks of sailing and of this declaration.  Name(s) of owner(s)/helm(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Boat\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sail number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If applicable, Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed by (parent/guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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