ISS Team Racing Training Clinic – 4th–5th October 2025

Guardianship Consent Form

Sailor's name: _____ **D.O.B:** _____

School: _____

Parent/Guardian contact telephone number: _____

Parent/Guardian email address: _____

Emergency contact person (if you are unavailable): _____

Telephone number: _____

Details of Child's special needs or medical history
(Include details of any known allergies, conditions, or medications. Parents/Guardians are obliged to disclose any information regarding medication which may impact on your child's welfare or behaviour while participating in the clinic):

In the event of illness or injury, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I give permission for my child to be photographed/interviewed or recorded during the ISS Team Racing Training Clinic and that these images may be used in coverage of the event in the media, social media, etc.

Declaration

I hereby acknowledge and accept that sailing and its associated activities are by their nature 'adventure water sports' and that they have certain dangers associated with them. I understand that sailing and its associated activities should not be undertaken without the proper equipment, in particular the proper clothing and safety equipment including but not limited to an appropriate life jacket/buoyancy aid. I further understand and accept that sailing and its associated activities are physical activities that should not be attempted by people who are not of a suitable level of fitness.

I am not aware of any physical illness/injury/condition that may impact on my child's ability to safely participate in sailing or any other associated activities. I confirm that they are a

reasonably competent swimmer and are comfortable in the water. I understand that they participate in the clinic entirely at their own risk.

I acknowledge that any boat used by my child is not their property and accept that while availing of Club facilities, including any boat allocated to my child by the Club, my child shall be responsible for the management and control of the vessel and the conduct of its crew (as appropriate).

I acknowledge that the Club accepts no responsibility for personal injury, loss, or damage to my child's person or property at any time and I confirm that I will not hold the Club responsible for any such injury, loss, or damage.

I hereby indemnify **Lough Derg Yacht Club (LDYC)**, **Irish Schools Sailing (ISS)**, and their trustees, officers, staff, and members (the Club), against any loss or damage, accident, claim, injury, or mishap arising from my child's use of Club facilities and their participation in the clinic which shall be at their own personal risk.

I confirm I have read, understand, and accept the terms and conditions attaching to this clinic.

I _____ as Parent/Guardian of this child give permission for them to attend and participate in the **ISS Team Racing Training Clinic 2025**, hosted by LDYC in conjunction with ISS, as part of the _____ team.

I understand that this clinic will be conducted according to the policies and procedures in place in LDYC and ISS. (By signing this form, you are agreeing that you and your child abide by the programme and to any agreed procedures that relate to the clinic, including the code of conduct.)

Parent/Guardian name: _____

Parent/Guardian signature: _____

Date: _____