



Leicestershire and Rutland Youth Sailing Association

LRYSA CONSENT FORM

Sailing Session:	Date:	Sail No:
Name:	DOB:	
Address:		
Postcode:		
Tel No:	Mobile No:	
Next of Kin Name	Relationship	
Emergency Contact Numbers:		

It is your responsibility to make known to us any potential medical conditions that may affect you during the activities associated with this session. Please therefore provide as many details as possible. Have you ever suffered from any of the following conditions?

Asthma/bronchitis	Yes	No
Heart conditions	Yes	No
Fits fainting or blackouts	Yes	No
Diabetes	Yes	No
Allergies to medication	Yes	No

If you have answered yes to any of the above, please provide more details and also any other illnesses or disabilities we should be aware of:

Name of Doctor Surgery:	Tel No:
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What best describes your Swimming ability? (please circle)

Nervous in water Non-swimmer, but confident in water Can swim 25-50 metres

In signing this form you consent to the following:

Medical Treatment

Any medical treatment administered by a Qualified First Aider if it becomes necessary.

Loss, Damage or Injury

The LRYSA accepts no responsibility for loss, damage or injury caused by or during attendance of this event except where such loss, damage or injury can be shown to result directly from the negligence of the LRYSA.

Use of images

Full rights to the LRYSA to use images resulting from any photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Signed: _____ **Date:** _____