



HANSA WORLDS CHAMPIONSHIPS 2025

Parental/Guardian Waiver

I, _____ (Parent or Guardian), (Name, Surname) permit my child
_____ (Under 18yrs) to participate in the Hansa World Championship
2025 ("the Event").

Organising Authority Applicant's Declaration and Indemnity

I hereby give consent for the participant(s) named above to attend the prescribed event. I acknowledge that during participation in the event my child(ren) will be exposed to the obvious risks associated with such event. I indemnify the Royal Prince Alfred Yacht Club, its officers and agents and keep them indemnified against all claims, demands, actions and liabilities of any kind (other than due to wilful negligence) arising from my child's/children's participation in the event. I authorise the Royal Prince Alfred Yacht Club staff, in the event of any accident or illness involving my child(ren), to obtain such medical assistance as they believe may be required and agree to meet all expenses thereby incurred. I declare that the information I have provided on the entry form is correct to the best of my knowledge.

Medical Treatment Consent

I hereby give consent for the Royal Prince Alfred Yacht Club to seek (i) medical treatment for my child from a registered medical practitioner, hospital or ambulance service (ii) transportation of the child by an ambulance service. I understand that I am responsible for any costs incurred. In the event of an emergency, the Royal Prince Alfred Yacht Club will make all reasonable attempts to contact the enrolling parent and any other emergency contact nominated. Should attempts to reach emergency contacts fail, parents are advised that under Clause 174 of the Children's and Young Persons (Care and Protection) Act 1998, a medical practitioner or dentist is empowered to carry out treatment on my child in order to save his or her life or to prevent serious damage to his or her health. This authority granted by legislation does not relieve a medical practitioner or registered dentist from liability in respect of the carrying out of medical or dental treatment on a child or young person, being a liability to which the medical practitioner or dentist would have been subject had the treatment been carried out without my consent.

Signed: _____

(Signature) |

Dated (date)

Contact:

Email: _____ Mobile/Cell: _____