



PARENTAL CONSENT & INDEMNITY FORM

For Participants under the age of 18

Event Details/Name: _____

Participant Details:

First Name: _____ Surname: _____

Email: _____ Mobile: _____

Please note any medical conditions which are relevant for this event:

Parent/Guardian Details:

Full Name: _____ Relationship to the Child: _____

Email: _____ Phone: _____

Address: _____ State: _____ P/Code: _____

PARENTAL CONSENT & INDEMNITY

Parental Consent: I give permission for my child to attend and participate in the abovementioned Southport Yacht Club event. **Indemnity:** I understand that while every reasonable precaution will be undertaken to ensure the protection of my child, I hereby release Southport Yacht Club, authorised staff, volunteers, skippers and / or owners of vessel's from any and all liability in the event of any injury, accident, misfortune, damage or loss that may occur to my child and/or their property while present at the aforementioned Southport Yacht Club event. Further, I indemnify Southport Yacht Club, authorised staff, volunteers skippers and / or owners of vessel's from and against all loss, including legal expenses, connected with or arising from any claims or demands in relation to my child's attendance at the event. I agree and understand that Southport Yacht Club, authorised staff, volunteers skippers and / or owners of vessel's reserve the right to exercise discretion to refuse to register any participant upon medical and/or other grounds without providing a detailed reason for doing so. **Medical Treatment Consent:** I give permission for Southport Yacht Club to obtain emergency medical, hospital or ambulance assistance and/or treatment for my child at any time they consider necessary. I understand that every effort will be made for myself to be notified before instituting such procedures. I acknowledge that I will be liable for any medical, hospital or ambulance expenses incurred in my child's treatment and I agree to pay those expenses. **Privacy Declaration:** I understand that Southport Yacht Club may collect information about my child in accordance with their Privacy Policy, and that this information may be disclosed to certain parties it engages in this event. I consent to these details being used by Southport Yacht Club for the promotion of future events and resources.

I give permission for Paracetamol to be administered to my child, at the discretion of Southport Yacht Club and authorised staff.

Full Name: _____ Signature: _____ Date: _____

Southport Yacht Club Inc.

ABN: 98 569 906 907

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