



KONINKLIJKE WATERSPORT-VEREENIGING 'LOOSDRECHT'

Sail no:

PARENT/GUARDIAN CONSENT AND DECLARATION FORM

I, the undersigned (Parent/Guardian Full name)

.....

Address .....

.....

Telephone.....

Email .....

Hereby declare to be responsible for

Name (Sailor).....

Date of birth .....

Class.....Sail no .....

Country .....

Within the context of his/her participation in the OCN Familiedag to be held in Loosdrecht on the 16th of March organised by the KWVL in cooperation with the OCN.

I authorise the organisers of the event to make any medical or hospital arrangements for him/her in case of emergency, including his/her transport to hospital.

Moreover, I declare that .....is holder of an individual casualty policy.

**IMAGES**

I consent to my child: - being photographed, - being filmed for a video or the TV, - being interviewed by the press: I allow the Organization Committee to broadcast, via the website, all the information useful for the promotion of the regatta, including the name, and to broadcast all the pictures taken during the competition and linked to it.

Signed in (Place) ..... on (Date).....

Signature