



ENTRY FORM
2018 WA DF65 State Championship

ENTRANT:

Name

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Address

.....

Postcode

.....

Telephone / E-mail

.....

Name of Club

.....

FREQUENCIES: **2.4 GHz Y / N**

OTHER:

BOAT DETAILS:

Sail Number

.....

Personal Number: Y / N

Boat Registration Number

.....

INDEMNITY

I agree to abide by the conditions of the event as contained in the Notice of Race, Sailing Instructions, the Racing Rules of Sailing and any Notices published by the Sailing Committee.

All entrants taking part in this event do so entirely at their own risk:

The *Radio Sailing Association of WA(Inc), Wanderers Radio Sailing Club* and any other parties involved in the organization of this event disclaim:

"Any and every responsibility whatsoever for loss, damage, injury or inconvenience that might occur to persons and goods, both ashore and on the water as a consequence of entering or participating in this event. At all times the responsibility for the safety and themselves plus the decision to participate or continue must rest with the competitor."

INTERNATIONAL COMPETITORS/NON AUSTRALIAN RESIDENTS

Please tick as applicable

I am a member of(insert DNM) and hereby accept to become a Temporary Affiliate Member of the Australian Radio Yachting Association for the period of this regatta in accordance with paragraph 3.2 of the Notice of Race

I currently hold Public Liability Insurance Cover with a minimum of \$20 million (AUD) per incident (or equivalent) and shall provide a copy of such cover to the Organizing Authority

I accept these conditions:

COMPETITOR'S SIGNATURE.

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DATE

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