

# Participant Consent

*Relating to any "WSAA clinic"*

## Background

A clinic is being arranged by the WASZP Sailing Association of Australia (WSAA). The clinic will be run by ACS Southern Pty Ltd trading as AC Sailfoiling. Collectively these organisations are known as the Parties.

## Participant declaration

By participating in the clinic, I agree and acknowledge that **sailing is a potentially dangerous activity with inherent risks**. These risks include; strong winds and rough seas, sudden changes in weather, failure of equipment, boat handling errors, poor seamanship by other boats, loss of balance on an unstable platform and fatigue resulting in increased risk of injury. Inherent in the sport of sailing is the risk of permanent, catastrophic injury or death by drowning, trauma, hypothermia or other causes.

I indemnify the Parties, their staff, suppliers and agents in respect to all claims and demands of whatever nature which may be made upon them in connection with or howsoever arising from anything supplied by or through the clinic.

I accept that the Parties, their staff, suppliers and agents accept no responsibility in respect of loss of life, personal injury or loss or damage to property which may be sustained by reason of or from anything supplied by or through the clinic.

Separately, I allow the Parties to **use all still or video related images of me** in further training and in promotion of the parties and their products and services.

## Participant details

Family name	
Given name(s)	
Date of birth	
<b>Signature</b>	
Date	

## Parent or Guardian with parental authority for the Participant

*If the Participant is over 18, this section can be ignored*

I am the parent or guardian exercising parental authority for the Participant named above.

I acknowledge the consent statements set out and agreed to above and I indemnify the Parties, their staff, suppliers and agents in respect to all claims and demands of whatever nature which may be made upon them in connection with or howsoever arising from anything supplied by or through the clinic.

Family name	
Given name(s)	
Relationship to Participant	
Email	
<b>Signature</b>	
Date	

Return completed form to [aus.waszp.association@hotmail.com](mailto:aus.waszp.association@hotmail.com)

