ENTRY FORM

To the regatta office of **CIRCOLO NAUTICO CHIOGGIA**
by email info@circolonauticochioggia.it

Boat name…….……Snipe Class

Regatta: **60th Campionato dell'Adriatico Snipe – Piada Trophy** , June 27th – 28th, 2015

Sail Number …… Measurement certificate…….……

Boat colour ……..……..……

Helmsman ..……. ……..National license……..……

Crew…… ……National license…….……

Club……..

Insurance certificate……..

I agree to be bound by Notice of race, sailing Instructions and ISAF Racing Rules of Sailing. I agree to take any and all responsibility for the nautical qualities of my yacht, the rigging, the crew's ability and the safety equipment. I also agree to take any and all responsibility for damages caused to third persons or their belongings, to myself or to my belongings, ashore and at the sea as a consequence of my participation in the regatta, relieving of any responsibility the Organising Authority and all persons involved in the organisation under whatever qualification and to accept full responsibility for the behaviour and dress of the yacht's crew, representatives and guests. I am acquainted with ISAF Fundamental Rule: "The responsibility for a boat's decision to participate in a race or to continue racing is hers alone".

Pursuant to and for the purposes of article 11 of Law n° 675/96 (privacy law) pay the broadest consent to the processing of such personal data, and the data collected during the races, for purposes related disciplines nautical sports.

Date…… Helmsman' signature

..……..……

Email/Mobile……