



# Victorian Heron State Championship 2017

ABN: 33 461 636 070 <http://www.vichérons.yachting.org.au/>



## Venue: St Leonards Yacht Club and Motor Squadron

Boat:	Sail Number:	
Club:	Division (please circle): Open or Youth	
Skipper :	YA Number :	DOB:
Address:		
Email Address		
Crew :	YA number	DOB:
Race Fees : Open (\$50)		

Please Note Race Committee must be notified of any crew changes

I have read, understand and agree to be bound by the ISAF Racing rules of Sailing, the special regulations of Yachting Australia, the class rules of the National Heron Sailing Association of Australia (NHSAA), the Notice of Race and all other rules that govern this event. I acknowledge and agree that the St Leonards Yacht Club and Motor Squadron, and others involved in the organization and conduct of this event shall not be liable for any loss of life or injury, or for the loss of property or damage, whether ashore or afloat, as a consequence of the participation or intended participation in this event. I declare that I hold a current certificate of insurance in accordance with item 14 in the Notice of Race. I confirm that my crew is aware of these undertakings.

Signed (Owner/Skipper)	Date
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### ***Entrants under 18 years – Parent/Guardian Declaration***

As parent/guardian of the above named entrant I agree to his/her participation in this event on the terms and conditions as outlined in the notice of race and similarly indemnify all parties involved in the organization and conduct of this event. I confirm that there is a current certificate of insurance in accordance with item 14 of the Notice of Race

Signed (Parent/Guardian)	Date
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