



Participation in a Sailing Barge Residential

Full Name of Participant:		
Name & Date of Trip	Cunliffe on Cambria 14-16 April 2018	
Contact Numbers		
Email		
Home address:		
Any Medical Conditions and prescribed medication.		
Emergency contact numbers:		
Name	Telephone no:	Telephone no:
<p>1. I undertake to conform to any health and safety regulations of the programme. 2. I undertake not to hold Sea-Change Sailing Trust responsible for compensation in respect of loss or damage to personal property, which I sustain. 3. I understand the importance of advising the Sea-Change Sailing Trust of any medical or special needs, which may require particular attention in order to enable my full and safe participation in the event.</p>		
Signature:		
Consent to use Information and Photographs for Publicity		
<p>We may want to use some of the photographs, video clips and quotes to help with promotion and publicity for future activities and programs. We cannot do this without your consent if you are in the frames. Thank you</p>		
Please fill in these details so that we can respect your decision		
I (print participant name) _____ give consent/do not give consent for photos, video or quotes involving me to be used for future publicity and promotion.		
Signature:		