ALL ENTRIES MUST COMPLETE ALL SECTIONS OF THIS FORM

CONISTON RECORD WEEK: 31st OCTOBER - 4th NOVEMBER 2016

		Sequence No	•••••
A COPY OF THE MEASUREME Where 'Not Applicable', enter N/A PRINT THROUGHOUT except for	A, there must be no blank spaces		
CLASS	Are there qual	lifications for this Class ? Yes or No	
If YES, attach copy results, see UIM		incutous for this class. Tes of Ive	
DRIVER		OWNER	
DRIVER'S			
ADDRESS			
		POST CODE	
		ORKFAX	
CLUB		LICENCE NO	
HULL			
	R.	YA REGISTERED HULL NUMBER	
	RACING NUMBER		
		ILDER	
		WEIGHT	
		SUPERSTRUCTURE	
COLOURS : DECK		HULL	
ENCINE(S)			
ENGINE(S)	MODEI	HOW MANY	
		YEAR	
NO OF CYLINDERS	C B H P	/KwMAX REVS	•••••
		FUEL	
)	
POWER ENHANCEMENT (Super	charged, turbocharged, etc)		
the Royal Yachting Association. I agree to accept Entry or my being permitted to take part in the Massociation and their respective Officials, Serva against all actions, proceedings, costs, claims, passenger(s) or mechanic(s), arising out of, or in	of the decisions of the Organising Commit Meeting, I agree to save harmless and keep ants, and Agents, and any other boat owne and demands, howsoever caused and wh connection with, my taking part in this Me	bound by them and by the Rules of the Union Internationale Motonaut tree and Officials nominated by them. In consideration of the acceptant of Indemnified the Organising Committee, any Sponsors and the Royal er or driver, my driver(s), my passenger(s) or mechanic(s), as the case hether caused by the act, neglect or default of myself or of my drive the setting notwithstanding that the same may have been contributed to or ocor Agents.	ce of this Yachting may be, er(s), my
IDENTIFICATION OF RISK: I am fully awa other physical injuries. I accept that, by engagin actions or inactions of the organisers of water sp	g in active water sports, my physical safet	tial risks involved in active water sports, including drowning, hypother ty could be endangered. I am also aware that other competitors' actions y craft, can also endanger my physical safety.	rmia and s, and the
I acknowledge that the safety of my boat and he to face the conditions that may arise in the couresponsibility to decide whether or not to practic my sole responsibility.	er entire management including insurance is urse of the evevt. I acknowledge that scru ce or make an attempt or to continue an att	ess whether any event or activity on the water is too difficult for me or is my sole responsibility, and I am satisfied that the boat and crew are attineering does not constitute a condition survey of the craft and it is tempt. I acknowledge that the efficiency of the helmets and racing vest	adequate my sole
I confirm I will claim any New Recor	ds standing to my name at the en	id of the event.	
I ENCLOSE MY FEE AS PER TO Cheques payable to CONISTON RE		THIS ENTRY. Entrants must pay by Eurocheque or stirling cash.	
PLEASE SEND THE FULLY CO TO ARRIVE NO LATER THAN Alison Whalley, 9 Brookhouse Gardens	FRIDAY 28th OCTOBER TO	D:	
•		ce at Coniston, see Adv. Regs., paragraph 6	
ENTRANT'S SIGNATURE		DATE	
IF UNDER EIGHTEEN, STATE AG	GE PARENT/GUAR	RDIAN SIGNATURE	

PLEASE NOW COMPLETE PRESS INFORMATION SHEET

