

The MNCSC advises participants that regardless of their best intentions, safety crews may be unable to render assistance to participants who are in distress.

Participants are further advised to consider the above risks and any other risks before deciding to participate in the activity conducted by the MNCSC.

Participants are also advised that although the MNCSC is covered by third party public liability insurance, this DOES NOT extend to participants whilst on the water or working on their vessel. Any participant who considers they have a need for personal accident insurance must make their own private arrangements with an insurer.

Additional Conditions for Participants in Craft Fitted with Reinforced Cockpit/Deflection Bar/Restraining Belt

I accept the possibility that as a participant I may be trapped in a craft fitted with a Reinforced Cockpit. I take full responsibility and use a Reinforced Cockpit at my own risk.

- I accept the possibility that as a participant I may be trapped in a craft fitted with a /reinforced Cockpit/Deflection Bar/Restraining Belt.
- I take full responsibility and use at my own risk a /reinforced Cockpit/Deflection Bar/Restraining Belt.

PARTICIPANT DECLARATION

I have read the Risk Warning and I am aware of the risks involved in participating in the activity conducted by MNCSC on _____ (event date). I also understand in accordance with the Civil Liability Act 2002, or related legislation that my ability to seek compensation for any injury, damage or loss, sustained by myself or any persons in my care will be limited by virtue of my knowledge of any voluntary acceptance of the associated risks. By signing and providing the following information, I agree to participate in this activity and I understand and accept the risks associated with power boating as set out in this Risk Warning.

Signature of Participant		Print Name	
Address of Participant			
Next of Kin or Emergency Contact		Emergency Contact Number	

FORMULA FUTURE COMPETITORS OR COMPETITORS UNDER 18 YEARS OF AGE			
Signature of Parent/Guardian		Print Name	
Next of Kin or Emergency Contact Person		Emergency Contact Number	

TO BE WITNESSES BY A MNCSC OFFICAL			
In signing this document as a witness, I have ensured that the signatory has agreed to participate or be involved with this event and has agreed that they understand and accept the risks associated with powerboat racing as set out in this Risk Warning.			
Signature of Witness		Print Name	