



SAIL NUMBER

OFFICIAL ENTRY FORM

(to be sent by fax or mail within 21.06.2010)

Société des Régates Rochelaises - Avenue de la capitainerie
17000 La Rochelle – France

accueil@srr-sailing.com

Tel : 0033 546 .446 244 - Fax : 0033 546 341 112

2010 European Contender Championship July 24th – July 30th

BOAT

Country _____

HELMSMAN

Name _____ Surname _____

Address _____ City _____

State _____ Country _____ Postal Code _____

Tel. _____ Fax _____ Email _____

Sailing Club _____

Date of birth _____ Gender _____ T-Shirt size * _____

FEES : see notice of race

* for French people : to pay by check to send with the entry form

* for the strangers : to pay on the spot by credit card without extra fees

if the entry form is sent before 21st of June 2010

IMPORTANT! Further documents to be sent by the 21st of June 2010 together with the Entry Form:

- Release and Indemnity Agreement
- Consent for the processing of personal data
- copy of measurement documents
- copy of insurance (minimum coverage of 1.000.000 Euro)

RELEASE AND INDEMNITY AGREEMENT

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In the full knowledge of RRS 4 - Decision to race - and conscious of the dangers inherent to Sailing and Sailboat Racing, I agree that none of the Organizations, Persons involved in the running of this Event, Sponsors, Promoters, Class Association or any other involved persons or parties accepts liability for damages due in negligence or any other reason whatsoever while conducting or connected with this event for injury, to property or person, I may suffer while participating in the event and while upon the event premises. I know the risks of danger to myself and my property while preparing for and participating in the event, and while upon the event premises, relying upon my own judgment and ability, assume all such risks of loss and hereby agree to reimburse all costs to those persons or organisations connected with this event for damages incurred as a result of my negligence.

Furthermore, I agree to be bound by the Racing Rules of Sailing and any other rules that govern this event.

This is a release.

Helmsman's signature _____ Date _____

I agree to accept third party liability insurance with a minimum coverage of Euros 1.000.000 as outlined in the NOR.

Helmsman's signature _____ Date _____

CONSENT FOR THE PROCESSING OF PERSONAL DATA

(to be sent with Entry Form by fax or mail within 21.06.2010)

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USE OF PERSONAL DATA

1. The Participant explicitly authorises Société des Régates Rochelaises to gather, process, communicate and/or share personal data for the only purpose of fulfilling each and every part of the registration, including the observance of legal obligations and the implementation of directives from the Judicial Authorities.
2. The Participant acknowledges that he/she has been informed of the purpose and method of personal data processing by Société des Régates Rochelaises, including the use of computers, in line with association objectives and, in any case, provided that the association guarantees the safety and privacy of personal data. Giving personal data is optional and the refusal to give such data or to authorise the relative processing of data prevents Société des Régates Rochelaises from concluding or maintaining this registration.
3. The Participant has the right, at any time and free of charge, to consult, change or cancel personal data, that is to oppose the processing of personal data for legitimate reasons or for the mailing of publicity, business information, market research, direct sales and interactive business communication, having obtained the confirmation of the above statement and the confirmation of the successful communication of his/her request to any third party which may have received personal data for the purposes which are stated above and of which the Participant has been adequately informed. A written request to Société des Régates Rochelaises is necessary for any consultation, change or cancellation of personal data.
4. It is hereby stated that the main holder of personal data is Société des Régates Rochelaises with legal offices in Avenue de la capitainerie 17000 La Rochelle – France, and with the following contacts:
accueil@srr-sailing.com Tel : 0033 546 .446 244 - Fax : 0033 546 341 112.

Helmsman's signature _____ Date _____

CONSENT FOR THE PROCESSING OF PERSONAL DATA FOR FURTHER PURPOSES

1. The Participant consents to the mailing of publicity concerning initiatives, promotions and special offers of Société des Régates Rochelaises ? on printed material and/or ? email.
2. The Participant consents to the use of personal data by Société des Régates Rochelaises to improve services offered during future stays or events.
3. The Participant ? consents/ ? does not consent (check the relevant box) to the communication of personal data to any third company associated with Société des Régates Rochelaises, and to any third company with which Société des Régates Rochelaises has legitimate partnerships, for the mailing of publicity concerning initiatives, promotions and offers of said companies ? on printed material and/or ? email (check the relevant box and insert all data for the requested service).

Helmsman's signature _____ Date _____