

Discover Sailing MEDICAL INFORMATION AND IMPAIRMENTS

If you declared that you have a medical condition or physical or mental impairment that the organiser needs to be aware of because it may affect your ability to take part in the Event please provide details below:

NAME: _____ Date _____

SPECIAL CATEGORY DATA: I confirm that I have given the Organiser the medical information listed above (if any) for the purposes of my participation in the Event. I understand that this information will only be used for that purpose and will be retained for as long as necessary to comply with the Organisers legal obligations.

I agree / I do not agree (Please circle)

Signed _____