

ROYAL CAPE YACHT CLUB - VISITORS REGISTER

WEDNESDAY TWILIGHT SAILING

DATE _____

YACHT _____

TIME	VISITORS NAME	VISITORS CELL NUMBER	VISITORS EMAIL ADDRESS	SIGNATURE	MEMBERS NAME	SIGN
				I agree to the below		
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CONDITIONS OF ENTRY

Having been permitted to enter the premises of the Royal Cape Yacht Club, it is agreed that I do so at my own risk and that I have no claim against the Royal Cape Yacht Club, its' Board Members, Members, Employees or Clients in the event of any accident, injury or loss involving me whilst on the premises of Royal Cape Yacht Club or any of its' Employees of any other person on the premises. Further I hereby waiver all rights to institute a claim against Royal Cape Yacht Club, its' Board Members, Members, Employees or Clients arising out of injury or loss to me.