

MEDICAL CONSENT - SAFETY & RISK DECLARATION FORM



HIRER INFORMATION:

FULL NAME:	D.O.B:
MOBILE:	EMAIL:
ADDRESS:	EMERGENCY CONTACT DETAILS: (name, relationship & telephone)

MEDICAL INFORMATION: Do you have...

A DISABILITY? YES / NO (if yes please give details):	ANY ALLERGIES? YES / NO (if yes please give details):
ANY MEDICAL CONDITIONS? YES / NO (if yes please give details):	ANY OTHER MEDICAL INFORMATION THAT MAY BE RELEVANT IN THIS ACTIVITY:

If you have any doubts or concerns about your ability to participate, you should consult your doctor or other medical practitioner. We do not advise you participate in this activity if you are pregnant or epileptic.

SAFETY & RISK DECLARATION

Please complete all sections:	YES	NO
I understand that the activity I may participate in may expose me to many hazards and involve the risk of property damage and loss and even personal injury, illness or death. Whilst Marina Watersports will take all reasonable steps to ensure my safety, I understand that they cannot be held liable for my own actions, for which I must take responsibility, or for those of a third party.		
I do not have any medical conditions or illnesses other than those disclosed on this medical consent form. Despite these conditions I am sufficiently fit, able and competent to participate in this activity, as stipulated in Marine Watersports terms and conditions.		
I am confident in moving water and can swim a minimum of 25 meters in clothing, otherwise that I am accompanied 1 to 1 with a swimmer who can and I acknowledge that this activity may involve swimming in moving water.		
I am not under the influence of any substances or alcohol.		
I have been able to read Marina Watersports terms and conditions and agree with them.		
I confirm that I will wear the buoyancy aid and paddle leash provided at all times.		

This form is intended to make you aware of the risks associated with kayaking/paddle boarding in the harbour. You are aware that you enter into this activity at your own risk. We are not responsible for the conditions in the harbour or the physical characteristics of the terrain that may be a hazard to you. You are expected to take care and precautions whilst on the water and use your own judgement to minimize the risk to you. We provide advice on issues of safety before you start the activity. Anyone with a medical history must disclose to us any medical conditions from which you may suffer (this includes but is not limited to; pregnancy, loss of limb, immobility, heart disease, diabetes, asthma, allergy, epilepsy).

It is also intended to assist you to make an informed decision as to whether to participate. Signing this form does not (and is not intended to) limit obligations to you and does not in any way compromise your legal rights.

Kayaking/paddle boarding may carry risks. As a participant you should be aware of and accept these risks and be responsible for your own action and involvement.

I AM OVER THE AGE OF 18 AND CONFIRM THAT THE INFORMATION SUPPLIED HEREIN IS CORRECT:

I have read and understood this declaration. I acknowledge that if I have answered 'no' to any of the above statements, I will not be able to participate.

NAME:	DATE:	SIGNATURE:
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Parent/guardian must sign below if the participant is under 18 years of age. I am the legal parent/guardian of.....

I give consent for this child to take part in this activity. In the event of an incident/accident involving this child, I agree to this child receiving first aid from a suitably qualified person.

NAME:	DATE:	SIGNATURE:
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