

# Participant Consent Form

Date of Session: \_\_\_\_\_



Participant Name(s):

\_\_\_\_\_

Email: \_\_\_\_\_

Under 18 participants can be given on one form for each Parent/Guardian.

Ability to Swim Declaration (tick as applicable)

I DO have the ability to Swim at least 25 metres in kayaking clothing wearing a club Buoyancy Aid.  
If you are unsure please discuss with the session coach.

Medical Declaration (tick as applicable)

I DO NOT have any pre-existing medical conditions that would stop me from taking part. **OR**  
 I DO have the following medical conditions: (please list any medical conditions you wish to declare e.g. Allergies, Asthma, Epilepsy, Diabetes etc). Also let the event organiser know.

Emergency Contact (must be contactable during the time of the activity)

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Occasionally we take photos of participants for publicity, including for use on our own website. If you do not wish to appear in these, please tick here  and also let the event organiser know.

Signature of Consent

I am aware that the activities I am to take part in are of a physical and adventurous nature. I acknowledge such risks and therefore accept the need for responsible behaviour, including listening to and following safety instructions. I confirm that the information I have given is true and accurate. I understand that the club / organisers accept no responsibility for loss, damage or injury caused by or during attendance of the organised activity / event except where such loss, damage or injury can be shown to result directly from the negligence of the club / organisers. With this signature, consent is deemed to be in place for later activities within the same year.

Signed (by each adult): \_\_\_\_\_

Date: \_\_\_\_\_

Signed Parent/Guardian (if under 18): \_\_\_\_\_

Print Name: \_\_\_\_\_

Website: [wokinghamcanoecub.co.uk](http://wokinghamcanoecub.co.uk) Email: [contactus@wokinghamcanoecub.co.uk](mailto:contactus@wokinghamcanoecub.co.uk)

£5.00 paid per person per session  
Received by: \_\_\_\_\_

Voucher / Waiver  
Details: \_\_\_\_\_