



Boston Canoe Club CONSENT FORM

PLEASE NOTE: THERE ARE TWO PAGES TO THIS FORM AND BOTH MUST BE COMPLETED IN FULL AND SIGNED ON PAGE 2.

Name of Participant.....Date of Birth (if under 18)

Please give your home address and phone numbers. If you would prefer to discuss any aspect of this form then please contact the person in charge. PLEASE PRINT IN CAPITAL LETTERS

Name of parent/guardian: (if under 18)	Emergency contact Name:
Relationship to participant: (if under 18):	Relationship to participant:
Home address:	Address:
Post Code:	Post Code:
Tel home:	Tel home:
Mobile:	Mobile:
Email:	

Declaration:

I understand that kayaking and canoeing are 'an assumed risk', 'water contact' activity. I have had the activities explained and agree to the participant taking part in the activities/ event.

I confirm that the participant is able to swim continually a distance of 25m unaided.

I understand that the club/ organisers accept no responsibility for loss, damage or injury caused by or during attendance of the organised activities/ events except where such loss, damage or injury can be shown to result directly from the negligence of the club/ organisers.

I confirm to the best of my knowledge that the participant does not suffer from any medical condition other than those listed on page 2 and that they will not attend club sessions if showing symptoms of Covid19 or other transferable diseases.

I understand that the Canoe Club through the Paddle UK is insured for its civil liabilities as organiser of the events and that there is no personal accident cover for participants.

I am responsible for completing this form accurately and including all details that might be needed by the person in charge.

I am responsible for any errors and omissions to personal information and accept liability for any direct or indirect consequences that might arise from these errors or omissions.

I consent that photographs or video taken by authorised personnel of the participant at club events may be used to promote Paddlesport and help improve performance. **(Please circle if you do not give consent.)**

I confirm that the participant is not subject to any court order prohibiting publication of their image.

I consent to the participant travelling to club organised events by any form of transport arranged or approved by the organisation and related to the specific activity/event.

I agree to be at the pick-up/ drop-off point at the agreed time.

Medical Consent

It is important that the organising members should know whether the participant suffers from any illness or medical condition. Please use the space below to state in confidence any health or other matters concerning the participant of which we should be aware. Please also indicate if the participant is receiving any medication, with details and dosage, and/ or specific dietary requirements.

Current Medical Conditions		
Does the participant suffer from:		Does the participant experience any conditions requiring medical treatment and/or medication?
Allergies	Yes / No	Yes / No
Asthma	Yes / No	
Epilepsy	Yes / No	If yes please give details: Medication: Method (e.g. injection, inhaler): Dosage and frequency:
Diabetes	Yes / No	
Skin Conditions (e.g. Eczema)	Yes / No	
Recurring Headaches	Yes / No	
Other:		
If you answered yes to any of the above please give details:		Does the participant have a disability?
		Yes/No
		If yes, please give details in the box below.
		Please provide any other information we should know which could affect our ability to work with the participant effectively:
Does the participant have any specific dietary needs: Yes / No		
Please specify if yes:		

I understand in the event of an injury or illness of a participant under 18 all reasonable steps will be made to contact their parent/guardian, and to deal with that injury /illness appropriately.

I consent to the participant receiving appropriate first aid or, in a medical emergency, I consent to medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

Please tick: ✓

- a) I give consent to ANY medical treatment to be provided in the event of an emergency
- b) I give consent for any medical treatment to be provided EXCLUDING (Please specify):

.....

Signed: Relationship to participant: (if under 18).....

Please print your name: Date:

Notes for organisers: this form should be completed before any activity takes place and the relevant information should be made available to the person in charge. The original should stay with the nominated official and stored safely. It is important to update this information annually.