

CONSENT FORM

**SECTION 1. To be completed by ALL participants**

Name: D.O.B.

Email:

Telephone: Mobile:

**Address:**

**Emergency contact**

**Name: Relationship to you:**

**Telephone:**

**SECTION 2. MEDICAL CONDITIONS (Please use additional pages if necessary)**

**We would stress that illnesses or medical conditions need not prevent the student from taking a full part in the course or activity, but the Principal or Instructor must be made aware of any potential problems. If there is any doubt about their fitness to take part in a practical course, their GP should be able to advise.**

**Do you / the participant have a disability? Yes / No**

**If yes please advise of any conditions limiting involvement or any additional assistance you may require in order to carry out any activities in the box provided below. This should include any conditions requiring medical treatment, including regular medication, allergies to medication, has the participant been in contact with or suffered from any contagious or infectious diseases in the last 4 weeks, any special dietary requirements. Please advise us if there is any additional support required for the individual to enable them to fully enjoy the session. (please complete on a further page if necessary):**

**If yes, please specify (If you feel that there is a sensitive issue which you prefer not to write on the form, please discuss it with the party leader).**

**Has the participant received a tetanus injection in the last 10 years? Yes / No**

BOOKING AND CONSENT FORM Continued

**SECTION 3. CONSENT (ALL PARTIES TO COMPLETE)**

Booking/Consent forms for all participants must be fully completed and return to instructor/group leader before participation.

**I acknowledge that adventurous activities provided by Medway Watersports Trust Ltd are of a strenuous and adventurous nature and carry an element of risk. I therefore accept the need for responsible behaviour including listening to and following safety instructions.**

I declare that the named participant is able to swim and is confident in or around open water.

**I have declared all medical conditions in the Medical Information section of this form.**

In the event of an emergency I agree to the named participant receiving medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I also consent / do not consent (please delete accordingly)

to the use of the participants name, likeness or speech in any audio/videotape, photograph or film made during the activity for any legitimate purpose of Medway Watersports Trust Ltd. or its partners

Booking is accepted subject to terms and conditions on our website

**Signed Participant (over 18)**

**Name: Date:**

 **SECTION 4: PARENTAL CONSENT FOR UNDER 18s**

It **is a legal requirement that under 18s must produce a parent/guardian signed consent form before taking part in any activity.**

**I give my consent for the named participant above to take part in adventurous activities provided by Medway Watersports Trust Ltd and agree fully with Section 3 above.**

In the absence of completed consent form we will be unable to allow under 18s to take part in any event.

**I agree to the named participant taking part in the above-mentioned visit and I agree to their participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on their part.**

**Signed (Parent/Legal Carer): Date:**