

## CONSENT AND CONTACT FORM (2024)

PADDLER'S DETAILS				
<b>FULL NAME:</b>			<b>AGE:</b>	<b>D.O.B:</b>
<b>ADDRESS:</b>				
<b>TEL:</b>	Home	Work	Mobile	Please indicate the best number to contact you on
<b>Email:</b>				
EMERGENCY CONTACT(not someone who you are paddling with)				
<b>Name:</b>			<b>Relationship to you:</b>	
<b>Phone Number:</b>	Landline:	Mobile:	Address:	

I am happy for **myself or child (named)** to take part in the activities of the Seapoint Canoe Centre, which have been explained to me previously or which may involve some of the following: kayaking on canal, moving water or sea, open canoeing on canal, moving water or sea, bell boating on canal.

In the event of an accident during the visit I agree to authorise members of Seapoint staff to give consent on my behalf for any urgent medical treatment to be given to **me or my child** by a qualified medical practitioner or paramedic.

### MEDICAL DECLARATION:

I declare that to the best of my knowledge and belief I am physically fit and do not have any condition which may impair my ability to paddle as part of a group session at Seapoint or I have set out either below or in attached note, details of any medical condition from which I am suffering, together with details of the treatment required and medications currently being taken or carried. **IF NONE, WRITE NONE** in the space below:

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**COVID-19 DECLARATION:** I will not attend a session if I or a family member have symptoms of Covid-19 (high temperature above 37.5C, new persistent cough, loss or change of sense of taste and/or smell).

I agree for photos/video to be taken of myself or my child and be used on the centre website and shared on Seapoint Canoe Centre's social media channels  (tick to indicate you have read and agreed)

I understand and agree that no mobile phones or recording devices may be taken into or left in the changing rooms.  (tick to indicate you have read and agreed)

SIGNED:

DATE:

NAME (please print):

(Parent/Guardian) if signing for an under 18