

Medical Form



PARTICIPANT DETAILS

Participant Name Age

Address

Post Code

Email Address Telephone

Tick box to consent to join our mailing list. Your details will not be shared with any third parties ☐

Tick box to consent to photography during Course to be used in line with the Terms & Conditions ☐

EMERGENCY CONTACT DETAILS

Emergency Contact Name Telephone

Relationship to Participant

MEDICAL DECLARATION

The following list is not exhaustive, add additional issues in the box below:

Do you have asthma, bronchitis, a heart condition, diabetes, severe headaches, travel sickness, fits, fainting or blackouts? Yes No ☐ ☐

Do you have an allergy to known medication, pollen, materials, food, plasters or other items? ☐ ☐

Do you have a disability, learning condition or medical condition which may affect your participation or learning? ☐ ☐

Have you been vaccinated against tetanus in the last ten years? ☐ ☐

Are you receiving medical or surgical treatment of any kind from either your family doctor or hospital or been given specific medical advice to follow in an emergency? ☐ ☐

Are you affected by broken bones, back pain or pregnancy? ☐ ☐

If you have answered yes to any of the above questions please give details below:

DECLARATION

Kayaking/canoeing and mountain biking/cycling are activities with a risk of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement. Thekayakcoach will not be responsible for any loss or injury caused to The Participant during The Course/Experience if that loss or injury is caused by The Participant's own negligence.

Safety is of utmost importance; therefore The Participant must act on any requests that are made by The Instructor in the interests of health and safety. The Instructor will terminate The Course/Experience immediately for any Participant who refuses to act on their instructions.

I confirm that I have read, understood, and agree to abide by the Terms and Conditions and that I have filled out the Medical Declaration section on this form.

If under the age of 18 this section must be signed by a parent or legal guardian.

Signed Date

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