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DISCLAIMER

* I have had the activities explained and agree to myself/ my son/ my daughter to participate in the activities/ event.
* I consent that photographs or video taken by authorised personnel of myself/ my son/ my daughter at British Canoeing or club events may be used to promote Paddlesport and help improve performance.
* 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.
* I confirm to the best of my knowledge that myself/ my son/ my daughter does not suffer from any medical condition other than those declared on the signing-in page for this event.
* I consent to myself/ my child receiving appropriate first aid or in a medical emergency consent to medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.
* I understand that British Canoeing is insured for its civil liabilities as organiser of the event 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 confirm that myself / my son / my daughter are not subject to any court order prohibiting publication of their image.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant Name** | **Emergency Contact**  **Name / Number** | **Medical**  **Conditions?** | **Signature** | **Print** |
|  |  | YES / NO  (If Yes, please fill out separate form) |  |  |
|  |  | YES / NO  (If Yes, please fill out separate form) |  |  |
|  |  | YES / NO  (If Yes, please fill out separate form) |  |  |
|  |  | YES / NO  (If Yes, please fill out separate form) |  |  |
|  |  | YES / NO  (If Yes, please fill out separate form) |  |  |
|  |  | YES / NO  (If Yes, please fill out separate form) |  |  |
|  |  | YES / NO  (If Yes, please fill out separate form) |  |  |

**Medical Consent for Participant Name: ………………………………..**

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

|  |  |
| --- | --- |
| **Current Medical Conditions-**  Do you/ your child suffer from:  **Allergies** Yes / No **Asthma** Yes / No **Epilepsy** Yes / No **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:**  **Child’s Doctor’s Name**...................................................................  **Surgery Address** .......................................................................... .......................................................................... ..........................................................................  **Surgery Tel No**................................................................. | **Do you/ your child experience any conditions requiring medical treatment and/or medication?** Yes / No If yes please give details:  Condition:  Medication:  Method (e.g. injection, inhaler):  Dosage and frequency:  **Please provide any other information we should know which could affect our ability to work with you/ your child effectively:** |

**Signed:** ............................................................................ **Relationship to participant:** .....................................................

**Please print your name**: ........................................................... **Date**: ...........................