

**(Non Ross on Wye Canoe Guided)
MEDICAL CONSENT
SAFETY & RISK DECLARATION FORM**

PARTICIPANT INFORMATION:

BOOKING DATE:	ORGANISER NAME:
FIRST NAME:	SURNAME:
D.O.B:	AGE:
TELEPHONE:	EMAIL:
ADDRESS:	
	POSTCODE:

EMERGENCY CONTACT DETAILS:

NAME:	
TELEPHONE:	
RELATIONSHIP:	

MEDICAL INFORMATION:

Do you have a disability? YES/NO *If yes please give details:*

Do you have any medical conditions of which we should be aware? YES/NO *If yes please give details:*

Do you have any allergies? YES/NO *If yes please give details:*

Please detail any other information that may be relevant to your participation in this activity:

N.B If you have any doubts or concerns about your ability to participate, you should consult your doctor or other medical practitioner. We do not advise that you participate in this activity if you are pregnant or epileptic.

SAFETY & RISK DECLARATION

PLEASE COMPLETE ALL SECTIONS:-	YES	NO
I understand that the activity I may participate in may expose me to many hazards and involve the risk of property damage and loss and even personal injury, illness or death. Ross on Wye Canoe Hire will take all reasonable steps to ensure my safety, I understand that they cannot be held liable for my own actions, for which I must take responsibility, or for those of a third party.		
I do not have any medical conditions or illnesses other than those disclosed on this medical consent form. Despite these conditions I am sufficiently fit, able and competent to participate in this activity stipulated in R.O.W.C.Hire terms and conditions of hire. (R.O.W.C.Hire) Ross on Wye Canoe Hire		
I am confident in moving water and can swim a minimum of 25m in clothing, otherwise to be accompanied 1 to 1 with a swimmer who can and acknowledge that this activity may involve swimming in moving water.		
I have read Ross on Wye Canoe Hire's terms & conditions and agree with them.		

This form is intended to make you aware of the risks associated with canoeing on The River Wye. You are aware that you enter into this activity at your own risk. We are not responsible for the conditions on the river or the physical characteristics of the terrain that may be a hazard to you. You are expected to take care and precautions whilst on the river and use your own judgment to minimize the risk to you from hazards on the river. We will provide advice on issues of safety before you start the activity. Anyone with a medical history must disclosed to us any medical conditions from which they suffer (this includes but is not limited to: pregnancy, loss of limb, immobility, heart disease, diabetes, asthma, allergy, epilepsy).

It is also intended to assist you to make an informed decision as to whether to participate. Signing this form does not (and is not intended to) limit our obligations to you and does not in any way compromise your legal rights.

Canoeing is an "Assured risk" activity and may carry risks. As a participant with a medical history you should be aware of and accept these risks and be responsible for your own action and involvement.

I am over the age of 18 and confirm that all the information supplied herein is correct.

I have read and understood this declaration. I acknowledge that if I have answered 'no' to any of the above statements, I will not be able to participate.

NAME:	SIGNATURE:
DATE:	

A parent/guardian must sign below if the participant is under 18 years of age.

I, the legal parent/guardian ofgive my consent for this child to take part in this activity. In the event of an incident/accident involving this child, I agree to this child receiving first aid from a suitably qualified person.

NAME:	SIGNATURE:
DATE:	