

**Whitewater Paddlers Medical Details**

**BLOCK LETTERS PLEASE Northampton Active Admin Fee: £1**

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| Paddler Information  |
| Full Name Age NCKC Membership Number  |
| House Number Post Code |
| Telephone Email |

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| Medical Information  |
| Do you have any medical conditions, for example asthma, diabetes, epilepsy etc YES NO |
| Please give details:  |
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| Do you have any disabilities or allergies that the centre should be made aware of? YES NO |
| Please give details: |
|  |
| Do you have any special requirements? YES NO |
| Please give details:  |

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| Emergency Contact Details  |
| Name Relationship to you |
| Telephone Mobile  |

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| Photographs  |
| We occasionally film or take photographs of our activities for publicity reasons, including reproduction on our website. If you do not agree to us using photographs or footage that includes yourself/your child, please tick the box |

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| I am over the age of 18 and confirm that all the information supplied above is correct |
| Name Date Signature  |

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| A parent/guardian must sign below if the participant is under 18 years of age |
| I the legal parent/guardian of ............................................................ give consent for my child to take part in this activity. In the event of an incident or accident involving my child, I agree to my child receiving first aid from a suitably qualified person and/or any medical or dental treatment, including but not without limitation to anaesthetic and blood transfusion, which may be considered necessary by a registered medical practitioner. Name Date Signature |

This form is intended to make you aware of the risks associated with Canoeing and Kayaking and to help you 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.

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| **Please read all sections then write YES or NO as appropriate**  | **YES / NO**  |
| I understand that the activities I may participate in will expose me to many hazards and involve the risk of property damage and loss and even personal injury, illness or death. Whilst Nene Active 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 have completed and submitted a Nene Active medical consent form. I do not have any medical conditions or illnesses other than those disclosed on my medical consent form. |  |
| I understand that I am not to participate in this activity if I am under the influence of alcohol or drugs. |  |
| My buoyancy aid, helmet, clothing and personal craft are appropriate for use at Northampton Active and they fit correctly. White water suitable boats only. All boats are subject to approval by Northampton Active. If supervised this has been checked by my coach. |  |
| I understand that whilst Northampton Active will provide me with help and advice whenever they can, I will only receive instruction in the use of equipment or techniques when I have booked and paid for such instruction. I will not participate in any activity unsupervised if I am not confident and capable in the use of any of the equipment or course. |  |
| I understand NO intentional swimming is allowed on the white water course unless authorised by Northampton Active Management and is undertaken by a British Canoe White Water Safety & Rescue Provider. |  |
| I understand the difficulty of the water at Northampton Active, and that the level of the flow can vary. I understand that it is suggested that I walk the course each time prior to getting on. I confirm I am sufficiently experienced and fit to paddle this course, grade 2/3, completely UNSUPERVISED. \*\* If you are part of a SUPERVISED group, please leave this question blank. |  |
| I understand that the quality of the water which feeds the white water course may vary, and that if I have any concerns regarding this, I should speak to an Northampton Active staff member. I am confident swimming in moving water. \*\* If you are part of a SUPERVISED group, please leave this question blank. |  |
| I have been able to read the above relevant Terms and Conditions and agree with these. |  |

Canoeing and Kayaking are "Assumed Risk" "Water Contact Sports" that may carry inherent risks. Participants should be aware of and accept these risks and be responsible for their own action and involvement.

\*\* If you have answered NO, or are unsure about either of these 2 questions, then an assessment can easily be arranged. If you have answered YES to these 2 questions then later on you are observed to be paddling below the required standard, then you will be required to take an immediate assessment, or leave the course - in the latter case, no refund will be given.

I confirm that I am:

* Over 18 years old
* The parent/guardian of the participant who is under 18 years old answering on behalf of the participant *[please delete as appropriate]*

Full Name: Signed:

 Date:

ALL paddlers must sign-in personally before getting on the water unless under 18 in which case they must be signed-in by a parent/guardian or by an adult acting on the authority of the parent/guardian

If you have any questions or queries or are unsure of anything in the above, please speak to one of the Northampton Active staff members to seek advice.

**Whitewater Paddlers**

 **Safety / Risk Declaration**