Paddlepower and Adventure

Activity Booking & Consent Form

To be completed by all participants and returned to Paddlepower and Adventure.

|  |
| --- |
| Course informationCourse attending: Course date/s:  |
| Personal details of the participant & emergency contactFirst Name: Surname: Date of birth: Age: Height (For kayaking & gorge walking courses only):Address:Email address: Tel. Home: Business: Mobile: Emergency contact/next of kin Mr/Mrs/Miss: Name: Relationship to participant:Address:  Tel. Home: Business: Mobile: |
| Medical InformationDo you suffer from any medical or special need that may affect your ability to participate in the activity?Yes/NoIf yes, please give details:Do you take any medication that is relevant for us to be aware of?Yes/NoIf yes, please give details:Are you allergic to any medication/substance?Yes/NoIf yes, please give details: |

Paddlepower and Adventure

##### Activity Booking & Consent Form

|  |
| --- |
| Kit Request from Paddlepower and Adventure (Kit you need to borrow from us) |

Acknowledgement

I consent to my participation in the activity/s and I acknowledge that there is a degree of risk in all adventurous activities. I understand that the risk of major injury will be kept to an absolute minimum by Paddlepower and Adventures experienced and qualified staff.

I undertake to see that I will provide the required clothing/equipment

I am aware of Paddlepower and Adventures insurance cover (Available on request).

To the best of my knowledge I am medically fit to participate in the activities involved.

I undertake to notify Paddlepower and Adventure in the event of any relevant changes in fitness which may take place prior to the activity/s.

I agree to receiving emergency medical/surgical/dental treatment as considered necessary by the medical authorities present.

Photographs & video may be taken of participants for use for marketing purposes (including on the internet). If you have any objections please contact Paddlepower and Adventure in writing.

NAME………………………………………………………………………………………….

SIGNED……………………………………………………………………………………….DATE…………………

(By parent or guardian if under 16)

 Please return the completed booking form with correct payment to Paddlepower and Adventure at the address below.

|  |
| --- |
| Office use only |

###### Paddlepower and Adventure 31 Albert Drive, Helensburgh, Argyll, G84 7HF

###### Mobile: 07500 470 976 Email: info@paddlepowerandadventure.co.uk