

## CONSENT FORM & MEDICAL DECLARATION

To be completed by each participant or, if participant is under 18yrs, by the parent/guardian.

### PART 1.



<b>Participant Details:</b> Please complete in full.			
<b>NAME</b>			
<b>ADDRESS</b> (incl. post code)			
<b>Phone No.</b>			
<b>Email address</b>			
<b>Date of Birth</b>			
<b>Name of Passenger*</b>		<b>Age of Passenger:</b>	

\*if applicable

<b>Emergency Contact Details:</b> This should be someone not participating with you/your child.	
<b>NAME</b>	
<b>Contact Number</b>	
<b>Relationship to Participant</b>	

### Declaration:

- Stand up paddleboarding and/or kayaking are *assumed risk* activities. I have had the risks explained to me/my child/dependant and agree that participation in these activities is with this knowledge and understanding.
- I confirm that I, the participant (or my child/dependant if under 18yrs) am water-confident and can swim at least 25m unaided.
- I confirm that I, the participant (or my child/dependant if under 18yrs) have a reasonable level of general fitness relative to the demands of the activity.
- I am aware that I am responsible for the safety and welfare of any passenger(s) accompanying me on my paddleboard/kayak and I will take all necessary and reasonable steps to prevent them from injury or harm.
- I understand that **just SUP uk** accepts no responsibility for loss or damage to property, or injury sustained, caused by or during attendance at the organised activity/event, except where such loss, damage or injury can be shown to result directly from the negligence on the part of **just SUP uk**.
- I am responsible for completing this form accurately, including details that may be needed by the person(s) in charge during the activity. I accept responsibility for any errors and/or omissions and accept liability for any consequences of any errors/omissions.
- I understand that **just SUP uk** is insured for their civil liabilities as organisers of the activities/events and there is no personal accident cover for participants.

### Use of Photos & Retention of Contact Details: circle as appropriate

- I consent to **just SUP uk** using images or video of me or my child/dependant before, during or after the activity/event for promotional or coaching purposes. **YES / NO**
- I agree to **just SUP uk** retaining my contact details for the sole purpose of contacting me with details of future events, activities or promotions. **YES / NO**  
If YES, please indicate the preferred method of contacting you (circle as appropriate) **EMAIL / SMS**

**CONSENT FORM & MEDICAL DECLARATION**

To be completed by each participant or, if participant is under 18yrs, by parent/guardian.

**PART 2.**



**Medical Information:**

It is important that the staff on site are made aware of any illness, allergy or medical conditions of each participant and/or their child/dependant. Please use the spaces below to state, in confidence, any health issues relating to you or your child/dependant, of which **just SUP uk** should be aware.

Please also state if you or your child/dependant is currently receiving treatment or medication.

**Current Medical Conditions:** Please tell us about any medical conditions, allergies or injuries etc (past or present) which may affect you or your child/dependants' ability to participate in the activity/event. If none, please state 'none' below.

---

**Medication:** Please tell us about any medication that you or your child/dependant are currently taking. If you or your child/dependant are allergic to any medication, please clearly state this also. If none, please state 'none' below.

---

**Other Information:** Please tell us about any other information that you think **just SUP uk** should know about regarding you or your child/dependants' participation in the activities/events. If none, please state 'none' below.

---

By signing this Consent and Medical Declaration form I give my permission for the organisers of any activities or events on behalf of **just SUP uk** to administer first aid, medication (as detailed above) or treatment, to me or my child/dependant. In the event of an emergency, I consent to any medical treatment which, in the opinion of a medical practitioner, may be necessary.

**SIGNED:** ..... **Print Name:** .....

**Relationship to Participant:** .....

**Date:** ..... (Please print and bring a signed copy with you on the day.)