

Type of Activity:

CONSENT AND SAFETY & RISK DECLARATION FORM



Date/Time of Activity:

COACHED ACTIVITIES

PARTICIPANT INFORMATION

| | | | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|----------------|--|--|------|--|--|--|--|--|--|
| Surname | | | | | | | | | | | | | | | | | | | | |
| First name(s) | | | | | | | | | | | | | | | | | | | | |
| Telephone: | | | | | | | | | | | Date of Birth: | | | Age: | | | | | | |
| Email Address: | | | | | | | | | | | Post Code: | | | | | | | | | |

MEDICAL INFORMATION

| |
|---|
| Do you have a disability? YES/NO <i>If yes please give details:</i> |
| Do you have any medical conditions of which we should be aware? YES/NO <i>If yes please give details:</i> |
| Do you have any allergies? YES/NO <i>If yes please give details:</i> |
| 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 any activities at Cardiff International White Water if you are pregnant. Individual activities may carry their own restrictions, please refer to CIWW Rules, Regulations and Etiquette. https://www.ciww.com/uploads/TCs/CIWW_Rules_Regulation_and_Etiquette.pdf

SAFETY & RISK DECLARATION

| Please complete all sections:- | YES | NO | Signed: | |
|---|-----|----|----------------|--|
| 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 CIWW 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 3 rd 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 the activities specified on booking. | | | | |
| I acknowledge that the activities I am taking part in may involve swimming in fast moving turbulent water. | | | | |
| For my own safety and those of others, I am aware of and I agree to abide by the CIWW Rules, Regulations and Etiquette (available at https://www.ciww.com/uploads/TCs/CIWW_Rules_Regulation_and_Etiquette.pdf). | | | | |
| I am aware of and agree to CIWW Privacy Policy (available at https://www.ciww.com/uploads/Privacy_Policy.pdf). | | | | |
| I have read and understood the River Ely Water Quality Information (available at https://www.ciww.com/uploads/TCs/RIVER_ELY_WATER_QUALITY_INFORMATION.pdf) | | | | |

NB: If within 7 days of visiting CIWW you experience any illness that may be related to your visit, please contact CIWW to request a health monitoring form. Monitoring of our customers health is essential to ensure CIWW continues to achieve and maintain water quality of the best possible standards.

Please tick here if you consent to us using photographic images or film footage of you or your child participating in a CIWW activity

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

| | | | |
|--------|--|-------------|--|
| Name : | | Signature : | |
| Date : | | | |

I, the legal parent/guardian of (child's full name.....) give my consent for my child to take part in the activities above. 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 : | | Signature : | |
| Date : | | | |