



HEALTH CERTIFICATE

I certify that:(Name)
..... (Address)
.....
.....(Telephone no.)
.....(Date of Birth)

who is coming to Aquasports is not suffering from any infectious or contagious illness, as far as I know, has had no contact with such illness during the last 3 weeks and is fit to take part in all activities including swimming under proper supervision.

If necessary I give permission for Paracetamol to be given.

SIGNED (Parent/Guardian)

DATE

Does the camper suffer from any medical condition which requires regular or occasional drug treatment e.g. asthma, hay fever, diabetes, epilepsy? **YES / NO**

Condition.....

Name of drug(s)

Dosage and frequency of drug.....

Any other special instructions.....

Please send an adequate supply of any drugs needed, which will be dispensed as required by the medical officer. Please ensure that all drugs are fully labelled.

Is the camper allergic to any drugs or food e.g. penicillin or nuts? **YES / NO**

If **YES**, please give details

Does the camper experience any other problems which the leaders need to be aware of e.g. travel sickness, nightmares, Raynauds, learning difficulties? **YES / NO**

If **YES**, please give details

Date of camper's most recent tetanus immunisation

Name of own doctor

Address

Telephone no

Name of Parent/Guardian

In the event of an emergency arise during Aquasports, I can be contacted at:

Address

Telephone no



USE OF PHOTOGRAPHS

I agree to allow photos of me / my child (if under 18), to be taken during the holiday, to be used for marketing purposes, which can include group photos being shown on the website. (Please note we cannot control photos taken by other campers and uploaded to social media sites).

ADVENTURE ACTIVITIES STATEMENT OF RISK

Aquasports places safety as its top priority however, adventure activities involve some risk for the people taking part and the Aquasports team aim to keep these risks as low as possible. The chances of serious injury are extremely low at Aquasports however, the chance of minor injuries (cuts, bruises, and bumps) is possible as a result of taking part in the activities. The Aquasports team will minimise the dangers by following guidance from professional bodies, such as the AALA, RYA, BCU and BWSW, and by:

- Carrying out a careful risk assessments of all the risks before commencing the activity, and acting upon that assessment;
- Using experienced instructors with the appropriate qualifications for the activity;
- Giving clear safety instructions to everyone participating;
- Ensuring that the equipment and clothing is well maintained, well fitting and suitable for the activity and environment;
- Ensuring that the activities are within the capabilities of the participants;
- Asking the participants to supply information on medical or other conditions;
- Ensuring good hygiene conditions are kept.

Aquasports expects participants to co-operate with the team, and to ensure the safety of all participants by following instructions and answering questions honestly about any medical conditions or information relating to health and safety.

By signing below, I agree that I have read the above Statement of Risk and consent, agree and accept all the terms and potential risks stated therein and I confirm that I am / my son/daughter (if under eighteen) is physically able, fit and willing to participate in the activities available as part of the week's programme; activities may include: water skiing, wakeboarding, knee-boarding, dinghy sailing, windsurfing, kayaking, open canoeing, land sports (such as football, volley ball, ultimate Frisbee, wide-games, group building games, etc), raft building and more.

I understand and accept that no responsibility for accidents or injuries or loss or damage to personal property rests with the Aquasports Team, unless proved to be caused by their negligence. Note: this consent does not absolve the Aquasports Cross Trust of any liability if an incident should occur.

I declare that to the best of my knowledge that I am / my child (if under eighteen) is competent and medically fit to participate in the activities as part of the group

I agree that medical treatment may be given if needed and in emergency, I understand that the information from the activity may be stored digitally

I agree that similar activities may be substituted due to safety, weather or other factors.

I understand that the Aquasports Cross Trust and its volunteers will do everything feasibly possible to safeguard the safety and welfare of my child when participating in the sports and activities at Aquasports.

SIGNED (Parent/Guardian if under 18)

DATE