

# English Canoe Symposium Health and Consent Form

Name: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_

Any medical condition we should know about (all details will be treated in confidence). Please give relevant details:

Your next of kin:

\_\_\_\_\_

Tel: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**It is essential that a contact number is given in case of emergency.**

In the event of my being taken ill or injured during the camp named above, I authorise a member of the English Canoe Symposium Team to administer first aid/accompany me to hospital or sign on my behalf any forms of consent which may be required by the medical authorities, provided that the delay to obtain my signature or that of my next of kin might be considered likely, in the opinion of the doctor or surgeon, to endanger the my health or safety.

Signed: \_\_\_\_\_

## Health and Safety

Whilst the Symposium Team will take every effort to ensure the safety of all participants, canoe sports carries some inherent risk. To reduce risk the team and participants must work together.

"I understand that I am expected to abide by any safety instructions issued by coaches or members of the English Canoe Symposium or Lakeside YMCA teams."

Signed: \_\_\_\_\_

## Permission to use Photographs/Contact Details for Symposium Event Promotion

Please tick if you give consent for your photo to be used in the promotion of this or future symposium events. The image(s) will not be used or copied for any other purpose.

Please tick if you give consent for your contact details to be securely stored and used for the promotion of future symposium events by the official organisers.

**Please ensure this is completed in full for every participant and returned to the bookings administrator with your booking form**