

Saltwater SUP Rental Booking and Medical Consent Form



Name:
Age:
Lesson / Activity Name:
Date of Lesson / Activity:
Address:
Telephone:
Email:
Emergency contact:
Relationship to participant:
Contact telephone number:
Swimming ability: 20m - 50m
Water confidence: 1 – 10

HIRE

That you are able to paddle board, comfortable standing, maneuvering a board, in chop or wind that you have 3-4 hours experience. YES / NO

Essential - that you can self-recover ie get back on a board. YES / NO

You agree to stay within a near distance of Saltwater Beach Café, staying within markers of The Crowstone and HQS Wilton, Essex Yacht Club. YES / NO

To wear a PFD during the duration of the hire. YES / NO

A security deposit against the stand up paddle boards will be taken in the form of debit or credit card details, passport or driving licenses will be retained until the session is over, money

will only be taken in the event of unreturned/damaged equipment. This will be held until the return of the board and equipment.

Renter shall bear all risk and responsibility of and for any and all damage, loss or theft of the Paddle Board and/or Equipment, or any portions thereof, including, but not limited to vandalism or theft, and shall pay the Lessor (Saltwater SUP) the full cost of repair or replacement.

Renter shall return the Paddle Board and equipment in the condition in which it was received. Minimum charges for repairs, labour and cleaning will be applied in the event the Paddle Board (s) or equipment require repair or excessive cleaning. Renter agrees to use all equipment for its designed purpose only.

I understand that participation in this activity involves inherent risks of injury, and that the nature of the risks may vary depending upon the type of activity, instructor, and my own physical condition and conduct. I also understand that it is not possible to specifically list each and every individual risk, but that most activities may involve risks associated with strenuous exercise, being in and around water, as well as risks from usage of equipment or participation in group activities. I acknowledge that I will either ask for or have been given any information that I need to determine the general risks associated with this activity.

I understand that certain precautions may be advised for the particular activity. I agree to follow those precautions and to conform to all rules and policies of Saltwater SUP. However, I recognize that these precautions will not eliminate the risks inherent in the activity.

I voluntarily assume all risks of loss, damage, illness or injury, which I may sustain while participating in this activity. I will make no claim against and release, waive, discharge hold harmless and indemnify, on behalf of myself, my personal representative and my heirs, Saltwater SUP and its instructors for any and all claims and causes of action for any injury or loss, or for damages, costs, expenses, or compensation that may occur during or result from my participation in this activity.

MEDICAL INFORMATION

HAVE YOU HAD, OR DO YOU SUFFER FROM ANY OF THE FOLLOWING? (PLEASE CIRCLE)

Asthma / Bronchitis	Yes / No	Regular medication	Yes / No
Heart condition	Yes / No	Sea sickness	Yes / No
Fits, fainting or blackouts	Yes / No	Other illness or disability	Yes / No
Diabetes	Yes / No	Epilepsy	Yes / No
Allergies to any known medications	Yes / No		
Any other allergies e.g. plasters	Yes / No		

COVID-19

- Do you have a temperature or are showing symptoms of COVID-19? Y / N
- Do you have a temperature or persistent cough or feel unwell? Y / N
- Have you been diagnosed with COVID-19 in the past 14 days Y / N
- Are you waiting for laboratory test results for COVID-19? Y / N
- Do you have any family/household members either been ill or waiting for covid test results in the past 14 days? Y / N
- Are you currently receiving any medical or surgical treatment of any kind? Y / N
- Have you been given specific medical advice to follow in emergencies? Y / N
- Do you have any special needs/disabilities of which we should be aware? Y / N

Activities involve some or all of; bending, lifting, balancing, falling, stretching, coordination and swimming. Please inform Saltwater SUP of any concerns or conditions that impede your ability to participate.

PHOTOGRAPHY AND MARKETING

We occasionally take photographs of participants. Do you agree that we may use images of yourself for publicity purposes including our website, brochures and social media? Y / N

CONFIRMATION AND CONSENT

Participant's code of conduct: All participants are asked to abide by the following rules at all times:

- To cooperate with all requests and decisions for safety made by the Saltwater SUP instructors
- Be on time for sessions to help you get the best out of the course and not to disrupt the course for other participants
- Be considerate and respectful and treat all water users how you wish to be treated
- All participants must wear appropriate clothing for the weather conditions
- All participants must wear a buoyancy aid while on the boards or in the water
- Take responsibility and care for any hired equipment and clothing
- Not to leave sessions without informing the instructor
- Abide by the current COVID-19 guidelines

All participants are not allowed to smoke, consume alcohol or any other substances of any kind when doing Saltwater SUP activities

If it is considered necessary, I consent to my instructor coming within the COVID-19 1m social distancing rule to rectify a potentially dangerous or emergency situation.

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I have read and understood the above information.

Signature of Participant: _____ Date: ____/____/____