

# Saltwater SUP 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
Motivation/ what you want to achieve:

## **MEDICAL INFORMATION**

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

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

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.

I have read and understood the above information.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_