

want to canoe?



MEDICAL CONSENT AND SAFETY & RISK DECLARATION FORM (MCSR)

Full Name	
Date of Birth	
Postcode	
Mobile Number	
Email Address	
Car Registration Number if applicable	
Do you have any medical conditions and/or allergies of which we should be aware? (please don't hesitate to ask a member of the team if you'd like to speak about this privately)	
Please detail any other information that may be relevant to your participation in this activity:	

EMERGENCY CONTACT DETAILS / NEXT OF KIN - optional for those 18 or over

IMPORTANT! If you are aged 16 - 17 you must provide your parent/guardian details below and they will be contacted prior to your activity to confirm that consent is given for you to participate.

Name	
Telephone Number	
Relationship to you	

NB. We cannot give advice on whether you should participate in this activity, if you have any doubts or concerns please seek the advice of your doctor or other medical practitioner. We do not advise that you participate at **want to canoe?** if you are pregnant, have had recent surgery or illness, have a heart condition, high blood pressure, aneurysms or any similar condition.

DECLARATION

We occasionally film/take photographs for publicity purposes, do you agree to us using photos or footage that includes you? - delete as applicable: **YES / NO**

I understand that the activities I'm participating in will expose me to hazards and involve the risk of property damage, property loss, personal injury, illness and death. Whilst **want to canoe?** takes all reasonable steps to ensure my safety I understand they can not be held liable for my own actions, for which I must take responsibility, or for those of a third party. **YES / NO**

I have disclosed all relevant medical conditions on this form. Despite conditions disclosed I am sufficiently fit, able and competent to participate in the activities specified on booking. I have been able to read and agree to the **want to canoe? RULES AND REGULATIONS** and **COUNTRYSIDE AND RIVER CODE OF CONDUCT**. **YES / NO**

I am aged 16 or over and confirm that all the information supplied herein is correct. In the event of an incident or accident, I agree to receiving first aid from a suitably qualified person and/or any medical or dental treatment which may be considered necessary by a registered medical practitioner. **YES / NO**

British Canoeing (the national governing body for canoeing in the UK) and [**want to canoe?**] would like to use your name, date of birth, postcode, gender and email address for internal reporting to monitor participation. Personal data will be used only in accordance with the Data Protection Act 1998 and current GDPR Legislation. Your contact details will not be passed to third parties. Tick here if you agree to your information being used in this way []

Newsletter & Offers: We would love to keep you up-to-date from time to time with details of goods, services, offers and/or activities of British Canoeing **want to canoe?** and British Canoeing's commercial partners which may be of interest to you by contacting you by any contact means which you provide to us. If you would like to receive the information described please tick here to subscribe []

Print Name	
Date	
Signature	