

## want to canoe? Participant Declaration Form

Name:		Date:	/ /	Time:	
From:		To:		Paid Y / N	Due £
Booking Notes:					
G-ad <input type="checkbox"/> , G-search <input type="checkbox"/> , G-maps <input type="checkbox"/> , Affiliate <input type="checkbox"/> _____, Leaflet <input type="checkbox"/> , Signage <input type="checkbox"/> , wom <input type="checkbox"/> , return <input type="checkbox"/> , Other <input type="checkbox"/>					
Watercraft / Equipment					

### INDEMNITY, RESPONSIBILITIES, DECLARATIONS, AND ACCEPTANCE

Please ensure you have read the [want to canoe? Hire Terms, Conditions & Rules](#) \_\_\_\_\_

1. I/We will attend the safety briefing given by a Want to Canoe? representative for the trip I am/We are taking part in. I/We will not start my/our trip if I/We do not understand any part of the brief until such time as I/We ask the representative to clarify any points I am/We are uncertain of.
2. I am/We are aware that the activities I am/We are about to take part in are of a strenuous and adventurous nature. I/We accept that there are serious risks and consequences associated with taking part in any such outdoor activities. I/We always accept the need for responsible behaviour, which includes listening to and safety information before departure or during my/our trip if guided.
3. I/We do not have any medical conditions or disabilities (of any kind) which may impede my/our ability to participate in this activity safely or may pose a risk to others. I/We declare that we have sought advice and clearance from a registered medical practitioner relating to any known condition by me/us prior to this activity. I/We accept that want to canoe? or its representatives cannot give advice of a medical nature. I/We accept that failure to notify want to canoe? staff of any condition that may put me/us or others at risk of injury will mean I/we will not hold want to canoe? or its representatives liable and will indemnify want to canoe? against any legal action from my/our non-disclosure. I/We accept to receive first aid or medical assistance if in the unlikely event that I am/we are unable to respond (unconsciousness) to an offer of assistance or help.
4. I am/We are not under the influence of alcohol or illicit drugs. I am/We are not taking any prescription medications that affect my/our cognitive or physical abilities to participate in this activity safely. I/We have on my/our person sufficient medical interventions such as EpiPens, Inhalers, Insulin, or glucose etc., for the trip length I am/We are participating in.
5. I/We take full responsibility for my/our own actions and for the actions and safety of each of the children and or pet in my/our care. I/We will not leave my/our children alone or in control of any of the watercraft.
6. I/We accept that the activity may be cancelled for operational reasons, inclement weather, environmental concerns, or any safety related concerns.
7. I/We acknowledge that the want to canoe? representative in charge of launching can decide to refuse or permit a trip if they believe there is a risk to me/us or others, and I/We accept that their decision is final.
8. I/We understand that Want to Canoe? reserves the right to charge the me/us for any loss and or damage to equipment.
9. If I/we terminate my/our trip once it has commenced that there is no eligibility for a refund. Furthermore, that any costs for recovery that may be incurred will be paid by me/us, especially if complimentary transportation is not available.
10. I/We understand that while Want to Canoe? will do its best to provide access to complimentary courtesy transport, this service is not guaranteed and may be unavailable due to mechanical or operational necessities.
11. I/We have read, understood and accept the Want to Canoe? Hire Terms, Conditions & Rules

By signing below and overleaf, I (as an adult participant) or We (speaking as a guardian signing on behalf of child/ren) declare that I/We have read, understood, and agree to all the above statements and accept all responsibilities, liabilities and indemnities described. I/We also agree, to the fullest extent permitted under Welsh and UK law, to indemnify Want to Canoe? and its representatives against any claims resulting from my/our presence at any site or participation in any want to canoe? activity.

Participant Printed Name	Adult (tick)	Child Please Write Age	Signature of Participant & or Guardian for child	Mobile Number
1.				
2.				
3.				
4.				
5.				
6.				

Participant Printed Name	Adult (tick)	Child Please Write Age	Signature of Participant & or Guardian for child	Mobile Number
7.				
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22.				

Office use only

<b>LAUNCH NOTES:</b> FULL BRIEF <input type="checkbox"/> RISK ASS AGE <input type="checkbox"/> RAFT EXPL <input type="checkbox"/> PET EXPL <input type="checkbox"/> GUIDED BRDG <input type="checkbox"/> GUIDED TRIP <input type="checkbox"/>			
XTRA ASST <input type="checkbox"/> TIME:	CRAFT CTRL <input type="checkbox"/>	PADDLE CTRL <input type="checkbox"/>	OTH <input type="checkbox"/>
<b>IANM TYPE:</b> I <input type="checkbox"/> A <input type="checkbox"/> NM <input type="checkbox"/> CSF <input type="checkbox"/> CSP <input type="checkbox"/> TIME:      DATE:      LOC:			
REASON:			
<b>IANM RESPONSE:</b> WATER <input type="checkbox"/> LAND <input type="checkbox"/> FAK <input type="checkbox"/> RES <input type="checkbox"/> EMS <input type="checkbox"/> OTH <input type="checkbox"/> TIME:      WHO:			
NOTES:			
EMS TIME:		EMS ID:	EMS/HOS LOC:
IANM NUMBER:		COMPLETED BY:	DATE/TIME:
OWNR/MNGR SIGN OFF:		DATE/TIME:	IANM FOLLOW UP: NR <input type="checkbox"/> LO <input type="checkbox"/> NEW SOPS <input type="checkbox"/>