



# Nomad Kayak Club

## Non-Member Activity Consent Form

<b>Full Name:</b>			
<b>Postal Address:</b>			
<b>Home Telephone Number:</b>		<b>Mobile Telephone Number:</b>	
<b>Date of Birth</b>		<b>Email Address:</b>	

<b>Emergency Contact Details</b> <small>(must be contactable during the time of the activity)</small>	<b>Name / Relationship</b>	
	<b>Telephone Number</b>	

**Medical Declaration (circle as appropriate)**

I confirm that I **DO NOT** have any pre-existing medical conditions that would stop me from taking part in this activity.

I **DO** have the following medical conditions: (Please list any medical conditions you wish to declare e.g. Allergies, Asthma, Epilepsy, Diabetes etc)

**Declaration:**

I understand that canoeing/kayaking is a dangerous activity and that the Nomad Kayak Club provides no personal accident insurance cover for any participants. I understand that I am participating at my own risk and will not hold/consider the Nomad Kayak Club responsible/liable for any accident. I accept the need for responsible behaviour, including listening to and following safety instructions. I agree to abide by the rules of the club and behave in a polite and courteous manner.

I am able to swim 25m and am confident in open water.

I consent that photographs taken of myself at club events may be used to promote Paddlesport. **Please circle if No**  
*(for participants under 18 years of age, to be signed by a parent or guardian)*

Signed:	Print:	Date:
---------	--------	-------

**Parental Consent** *(for non-members under 18 years of age):*

I consent to my child taking part in Nomad Kayak Club activities. My child can swim 25m and is confident in open water.

They do not suffer from any medical conditions that may adversely affect them during activities.

I authorise the Nomad Kayak Club to sign any consent forms necessary on my behalf should my son/daughter be injured and need medical attention.

I consent that photographs taken of my son/daughter at club events may be used to promote Paddlesport. **Please circle if No**  
*(for participants under 18 years of age, to be signed by a parent or guardian)*

Signed:	Print:	Date:
---------	--------	-------