

White-water Weekend 2012 CONSENT FORM FOR ADULTS.

| | |
|------------------------------------|--|
| NAME OF PARTICIPANT | |
| Name of Emergency contact | |
| Relationship to participant | |
| Address of contact | |
| Home tel. | |
| Mobile | |
| Doctor's name | |
| Address | |
| Tel. no. | |

Medical Consent

It is important that the organising staff should know whether you suffer from any illness or medical condition. Please use the space below to state, in confidence, any health or other matters which we should be aware of. Please also indicate if you are receiving any medication, with details and dosage, and/ or specific dietary requirements.

Current Medical Conditions- Do you suffer from:

Allergies Yes / No

Asthma Yes / No

Epilepsy Yes / No

Diabetes Yes / No

Skin Conditions (e.g. Eczema) Yes / No

Recurring Headaches Yes / No

Please provide any other information we should know which could affect our ability to work with you.

Other

If you answered yes to any of the above please give details:

Do you experience any conditions requiring medical treatment and/or medication? Yes / No

If yes please give details:

Medication:

Method (e.g. injection, inhaler):

Dosage and frequency:

I consent to receiving appropriate first aid, or in a medical emergency I consent to medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

Please delete as necessary:

- a) I give consent to ANY medical treatment to be provided in the event of an emergency
- b) I give consent for any medical treatment to be provided EXCLUDING (Please specify):

I confirm that:

- I can swim 25 metres.
- I have had the activities explained and agree to participate in the activities event.
- I understand that the club/ organisers accept no responsibility for loss, damage or injury caused by or during attendance of the organised activity/ event except where such loss, damage or injury can be shown to result directly from the negligence of the club/ organisers.
- I confirm to the best of my knowledge that I do not suffer from any medical condition other than those listed on above
- I understand that the NACC is insured for its civil liabilities as organiser of the event and that there is no personal accident cover for participants.
- I am responsible for completing this form accurately and including all details that might be needed by the person in charge. I am responsible for any errors and omissions to personal information and accept liability for any direct or indirect consequences that might arise from these errors or omissions.

Signed:

Please print your name: **Date:**

White-water Weekend 2012 CONSENT FORM FOR CHILDREN

| | | | |
|-----------------------------|---|--------|--|
| Name of Child | | D.O.B. | |
| Emergency contacts x 2 | 1 | 2 | |
| Relationship to participant | | | |
| Address | | | |
| Home tel. | | | |
| Mobile | | | |
| Doctor's name | | | |
| Address | | | |
| Tel. no. | | | |

Medical Consent

It is important that the organising staff should know whether your child suffers from any illness or medical condition. Please use the space below to state, in confidence, any health or other matters which we should be aware of. Please also indicate if they are receiving any medication, with details and dosage, and/ or specific dietary requirements.

Current Medical Conditions- Does your child suffer from:

Allergies Yes / No

Asthma Yes / No

Epilepsy Yes / No

Diabetes Yes / No

Skin Conditions (e.g. Eczema) Yes / No

Recurring Headaches Yes / No

Please provide any other information we should know which could affect our ability to work with your child.

Other

If you answered yes to any of the above please give details:

Does your child experience any conditions requiring medical treatment and/or medication? Yes / No

If yes please give details:

Medication:

Method (e.g. injection, inhaler):

Dosage and frequency:

I consent to my child receiving appropriate first aid, or in a medical emergency I consent to medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

Please delete as necessary:

- a) I give consent to **ANY** medical treatment to be provided in the event of an emergency
- b) I give consent for any medical treatment to be provided **EXCLUDING** (Please specify):

I confirm that:

- My child can swim 25 metres
- I have had the activities explained and agree to my child participating in the activities.
- I understand that the club/ organisers accept no responsibility for loss, damage or injury caused by or during attendance of the organised activity/ event except where such loss, damage or injury can be shown to result directly from the negligence of the club/ organisers.
- I confirm that to the best of my knowledge my child does not suffer from any medical condition other than those listed above.
- I understand that the NACC is insured for its civil liabilities as organiser of the event and that there is no personal accident cover for participants.
- I am responsible for completing this form accurately and including all details that might be needed by the person in charge. I am responsible for any errors and omissions to personal information and accept liability for any direct or indirect consequences that might arise from these errors or omissions.

Signed:

Relationship to participant.

Please print your name: **Date:**