

Membership Form

Please print the following information in order for your membership to be created.

Name (PLEASE PRINT) _____

Address _____

Town _____

Postcode _____

Date of birth _____

Contact number _____

Email address _____

Emergency contact number _____

Nationality _____

Ethnicity (please circle)

White British

White Irish

White (other)

Mixed – White & Black African

Pakistani

Bangladeshi

Mixed – White & Black Caribbean

Black African

Black (other)

Mixed – White & Asian

Chinese

Other Asian

Black Caribbean

Indian

If you have a disability or any medical conditions please detail below

Medical Notes (please detail)	
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**LEE VALLEY WHITE WATER CENTRE USERS
NON-RAFTERS SAFETY AND RISK DECLARATION**

This form is intended to make you aware of the risks associated with Canoeing and Kayaking and to help you make an informed decision as to whether to participate. Signing this form does not (and is not intended to) limit our obligations to you and does not in any way compromise your legal rights.

Canoeing and Kayaking are “Assumed Risk” “Water contact sports” that carry inherent risks. Participants should be aware of and accept these risks and be responsible for their own action and involvement.

<p>By signing this form I declare that I agree with the below statements:</p> <ul style="list-style-type: none"> • I understand that the activities I may participate in will expose me to many hazards and could involve the risk of property damage or loss and even personal injury or illness. Whilst LVWWC will take all reasonable steps to ensure my safety, I understand that they cannot be held liable for my own actions, for which I must take responsibility, or for those of a third party. • I understand that whilst LVWWC will provide me with help and advice whenever they can, I will only receive instruction in the use of equipment or techniques when I have booked and paid for such instruction. I will not participate in any activity unsupervised if I am not confident and capable in the use of any of the equipment or course. • If under supervision from centre instructors, I am confident to raise any issues I may have regarding equipment, the choice of water area and my personal fitness. • If unsupervised, I am confident in the activity requirements and my ability to competently paddle the water course of my choice within my assessed ability. • I have listed all medical conditions or illnesses that could prevent me from taking part in canoeing and/or kayaking on sheltered or moving water. • I have had the opportunity to walk the course and I understand the level of the flow and the difficulty at LVWWC including any changes that may have been made since my last visit. • If using your own equipment, you confirm that your PPE buoyancy aid, helmet, clothing and personal craft are appropriate for use at LVWWC and they fit correctly. • I am not under the influence of any non-prescription drugs or alcohol • I have read and agree to abide by the LVWWC Rules and Regulations along with the relevant Terms and Conditions and agree with these. (These are available on request). • I have read and understand the LVWWC Water Quality Information. • I understand that all individuals must sign-in personally before getting on the water unless under 18 in which case they must be signed-in by a parent/guardian or by an adult <i>acting on the authority of the parent/guardian</i>. If I have any questions or queries or I am unsure of anything in the above I will speak to one of the LVWWC staff members to seek advice. • I confirm that I am over 18 years old (or the parent/guardian of a participant who is under 18 years old answering on behalf of the participant). I have read and understood this declaration.
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Print full name: _____

Print full name of member under 18 (or N/A): _____

Signature: _____

Date: _____