

Lee Valley White Water Centre Group Consent Form

Issue 2

Section A - GROUP INFORMATION

Company/Group		
Name:		
Group Contact		
Name:		
Address:		
	Postcode:	
Telephone no.:	Home:	Mobile:
•		
Email address:		
Section B - DECLAR	ATIONS AND CONSENTS	
By signing this form,	I, being the Group Leader of	of the below named participants:
		'alley White Water Centre whilst under my care and I understand and
	is at the participants' own risk;	
		risks involved and have discussed them with the participant;
		ciently competent and able to take responsibility for their own safety and
*	and, any safety briefings given to then	n, ny care if deemed necessary by a suitably qualified person;
,		onditions and/or allergies of the participant in my care which I consider

might be relevant and will ensure the participant have any treatment close to hand;

- confirm that these participants are confident in moving water with a buoyancy aid on
 understand that an instructor would only be able to assist the participant in my care if they followed the coach's instructions and I have discussed the importance of this with the participant; and
- understand that the Lee Valley Leisure Trust Limited's Standard Terms and Conditions of Sale and the Lee Valley White Water Centre Terms and Conditions apply.

We may occasionally film or take photographs of participants for publicity purposes, which may include reproducing images on the Authority's website. If you do not agree to us using photographs or footage that includes the participant in your care, please tick the box. \square

Signature of Group Leader:	
Date:	

Participant full name and DOB	Medical conditions/allergies	Participant full name and DOB	Medical conditions/allergies

Please use additional sheet if required.

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