Lee Valley White Water Centre
Group Consent Form
Issue 3

Section A – GROUP INFORMATION

Company/Group Name:	
Group Contact Name:	
Address:	Postcode:
Telephone no.:	Home: Mobile:
Email address:	

Section B – DECLARATIONS AND CONSENTS

By signing this form, I, being the Group Leader of the below named participants:

- give my consent to these participating in activities at Lee Valley White Water Centre whilst under my care and I understand and agree that participating is at the participants' own risk;
- confirm I have considered the nature of the activities and the risks involved and have discussed them with the participant;
- confirm I am satisfied that the participant in my care are sufficiently competent and able to take responsibility for their own safety and to listen to, and understand, any safety briefings given to them;
- agree that first aid may be administered to the participant in my care if deemed necessary by a suitably qualified person;
- confirm I have provided details below of all of the medical conditions 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 Regional Park Authority'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 Lee Valley Regional Park Authority's website. Please tick the box if you agree to us using photographs or footage that includes participants in your care and that you have the authority to give such consent on their behalf. ☐

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.

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