



Liverpool Canoe Club

Medical Consent Form



Participants Surname Forename(s)

Date of Birth Place of Birth Tel (H) Tel (W).....

Address

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Tetanus injection in last 10 yrs? Yes / No (Date if available _____)

Details of any recent inoculations, disabilities or conditions requiring medical treatment or allergies (especially to medication)

Name of participants Doctor Phone

Address.....

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MEDICAL WAIVER AGREEMENT

I consent to myself, my spouse or any of my said children receiving emergency treatment, including anaesthetic, as considered necessary by the medical authorities present. I agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the Liverpool Canoe Club and its officers and members thereof. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Signed (Adult participant / Parent or Guardian) Date.....

In the event of any emergency, people to contact are as follows:

1) Name..... Home Phone Work Phone

Relationship to Participant

Address.....

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Paddling is a potentially dangerous activity

I understand that paddling on moving water is potentially dangerous and that I (or for children in my care) will decide on the suitability of each section of river / sea paddled by the club / group. While I may ask for advice or take directions from other paddlers in the group I will not hold anyone else responsible while I am on the water.

Signed (Adult participant / Parent or Guardian) Date.....