



# CRAWLEY MARINERS YACHT CLUB Ltd.

Consent Form for those under 18



Activity:

Start Date:

End Date:

Name of Participant:

Mobile number:

Email:

Address:

## **Medical & Health Information**

Does the named participant use any of the following?

Inhaler , Epipen , Other Medical Device  (enter details below)

Those who use Inhalers or Epipens should take them with them on the water.

They must be in a waterproof container that can be secured to the person or their boat.

In the interests of the participant's safety, please give details below of any medical conditions or physical or mental impairments that the organiser needs to be aware of that may affect the participant's ability to take part in this activity.

Please tick this box if the participant has a medical condition or advice on treatment that should be passed on to anyone administering medical treatment. If so, please give full detail on the Medical Condition Advice form and hand to the organiser at the start of the session. Please collect the form at the end of the session. [Medical Condition Advice Form](#)

## **Emergency Contact Details**

Forename & Surname:

Mobile Number:

Relationship to participant:

## **Declaration**

By taking part in the Event, you agree and acknowledge that the named participant and his or her parent or guardian:

- (i) is aware of the inherent element of risk and unpredictability involved in the sport and accepts responsibility for exposing the named participant to such inherent risk whilst taking part in the Event;
- (ii) will comply at all times with the instructions of the Event Coordinator and Instructors, particularly with regard to handling of boats, wearing of buoyancy aids and the wearing of suitable clothing for the conditions;
- (iii) accepts responsibility for any injury, damage or loss to the extent caused by the named participant's own negligence;
- (iv) understand that the instructors need to be aware of any condition that may be affected by participation in the activity or may affect participation of the named participant in the activity (these include but are not limited to: asthma, angina, giddy spells, dyspraxia, autism) and have noted all such conditions in the Medical Conditions field above;
- (v) will not participate in the Event if his or her ability to participate is impaired by alcohol, drugs or if otherwise unfit to participate;
- (vi) will inform the Event Coordinator if there have been any changes to the information provided on this form at the time of the Event.
- (vii) accept that the Club's Instructors, helpers and representatives will take all reasonable care of those attending, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by persons and/or their property arising out of, or during the course of the activity.
- (viii) accept that relevant treatment or medication may be administered to the named participant when or if necessary, during the event.

I agree to the above declaration (signature of parent or guardian):

Name:

Relationship to participant:

Date:

I consent to imagery such as photographs or videos being used to publicise the club in any media.

Please hand the completed and signed form to the Senior Instructor or Organiser at the start of the event.

CMYC's Data Protection Policy can be viewed in the Policies and Documents section on the CMYC website, [here](#)

04/05/2022