

JUNIOR CLUB PARENTAL CONSENT & BOOKING FORM



Childs Name: Age:

Address:
.....
.....

Postcode: Tel:

Email:(Required)

Most activities at DWCC include one or more adventurous activities. The Centre's staff have, and fully accept, a duty of care to make those activities as safe as is reasonably practical. They are required to adhere to a comprehensive set of safety rules and there is a quality management system to monitor the fact that rules and procedures are adhered to.

Adventurous activities are inherently hazardous and cannot be completely risk free however hard we try. Accidents can happen without any contributory negligence from the centre or its staff. Moreover, the environment at the Centre is such that we cannot "fence off" all hazardous areas. Your son or daughter must therefore help our staff to look after their safety by listening carefully to instructions, by doing what they are asked to do and by not being reckless by trying to do more than they have been briefed to do. Only give your consent if you are confident that they will behave responsibly in this way. The centre can accept no responsibility for loss of or damage to personal property or for personal injury not arising as a result of its own action or default.

Does your son or daughter have any relevant medical conditions that you feel we should be aware of?

Photography and Video

At junior watersports club we periodically take photos or video footage of the children having fun out on the water. A lot of the photos will be put up on the wall in the centre for the children and parents to enjoy. Some may be used on our website, others may end up in our brochure, on our posters, or used in other advertising material, all to help promote Junior Watersports Club and the Devon Windsurf & Canoe Centre. We have done this for the past 20 years and will continue to do so. If you or your child are not comfortable with this then please do not join the club.

I agree to my son or daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by any medical authorities present and I give authority to members of staff of the centre to consent to such treatment.

I understand and accept the above statements. My son or daughter is fit for the activity and will inform the Centre beforehand of any special medical conditions that might affect my son's or daughter's safety.

Parents Name

Signature

Date

