**Activity Consent Form**

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| Full Name: | Gender: Male/ Female |
| Address (& Postcode): | Date of Birth: |
| Contact Tel: | Email: |

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| **Activity Name: 2 day Kayaking Training Course Programme for Berkshire Scouts ALPS25**  | **Activity Date : 5-21 April 2025****Time**:09.30- 16.00 each day  |
| Medical Conditions or Additional Needs: |
| Previous Experience: |
| Declaration by Participant:I understand the requirements of this activity and agree to abide by the terms and conditions. Terms and conditions are displayed in the WWC foyer, on our website and a copy is available on request. Canoeing and Kayaking are “Assumed Risk” “Water Contact Sports”. Participants should be aware of and accept these risks and be responsible for their own actions and involvement. Please ask your instructor if you have any questions. |
| Signed: | Date: |
| Signed Parent/Guardian: | Date: |

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| Emergency Contact (not taking part in activity) |
| Name: |
| Address (& Postcode): |
| Home Telephone: | Mobile: |
| Relationship: |

These completed documents will be stored for the sole use of Wokingham Waterside Centre & Berkshire Scouts ALPS25.

If you would like to receive information on upcoming courses and events at WWC please tick here:

We may take photographs and video on session to use in our promotional material to consent to this please tick here: