Placid Water Health & Safety Risk Declaration

This form is intended to make you aware of the risks associated with Canoeing and Kayaking and to help you make an informed decision as to whether to participate. Signing this form does not (and is not intended to) limit our obligations to you and does not in any way compromise your legal rights.

Canoeing and Kayaking are “Assumed Risk” “Water contact sports” that may carry inherent risks. Participants should be aware of and accept these risks and be responsible for their own action and involvement.

Slips and Trips are the most common type of accident in our society and the likelihood of slipping in a water-sports environment is likely to be greater than participants are used to.

Please complete all sections	YES	NO
I understand that the activities I may participate in will expose me to many hazards and involve the risk of property damage and loss and even personal injury, illness or death. Whilst TBIWWC will take all reasonable steps to ensure my safety, I understand that they cannot be held liable for my own actions, for which I must take responsibility, or for those of a third party.		
I have completed and submitted a TBIWWC Medical Consent Form.		
I do not have any medical conditions or illnesses other than those disclosed on my medical consent form. Despite these conditions I am sufficiently fit, able and possess the basic skills to paddle on the Placid Water. I have completed a capsize drill.		
I am confident swimming in moving water and can swim a minimum of 25 metres.		
My PPE buoyancy aid, helmet, clothing and personal craft are appropriate for use at TBIWWC and they fit correctly. All boats are subject to approval by TBIWWC. Proper flotation is required in all kayaks and canoes.		
I declare TBIWWC I will not participate in any activities if I am under the influence of alcohol or drugs.		
I have read and agree to abide by the TBIWWC Rules and Regulations (posted in reception and around the centre and available on request). TBIWWC staff reserve the right to ask any participants to leave the premises.		
I have been able to read the relevant Terms and Conditions and agree with these.		
I acknowledge that the activities are strenuous and dangerous and require a certain degree of physical condition, ability, maturity and skill. I acknowledge that I (or my child) have the requisite skills, qualifications, physical and mental ability and training necessary to properly and safely participate in the activities. I agree that if I have any questions as to what skills, maturity, qualifications, training or physical or mental requirements necessary to properly and safely participate in the activities, I will direct those questions to the appropriate TBIWWC staff member on site.		
Continued overleaf...		

Please complete all sections	YES	NO
I understand that whilst TBIWWC will provide me with help and advice whenever they can, I will only receive instruction in the use of equipment or techniques when I have booked and paid for such instruction. I will not participate in any activity unsupervised if I am not confident and capable in the use of any of the equipment or course.		
Bibs must be worn to paddle the white water. If you do not return the bib, the unreturned bib fee is £50.00.		
I understand no swimming is allowed in the placid water area.		
I have read and understand The Water Quality Statement.		

Declaration
ALL Individuals must sign-in personally before getting on the water unless under 18 in which case they must be signed-in by a parent/guardian or by an adult acting on the authority of the parent/guardian.

If I have any questions or queries or am unsure of anything in the above I will speak to one of the TBIWWC staff members to seek advice.

I confirm that I am [over 18 years old] / [the parent/guardian of a participant who is under 18 years old answering on behalf of the participant]. *(Delete as appropriate).*

I have read and understood this declaration. I acknowledge that if I have answered "no" to any of the above statements, I will not be able to use the TBIWWC.

Full Name: ..... Date: .....

Signed: .....

For staff completion

Full Name: ..... Date: .....

Signed on behalf of TBIWWC: .....*

*Signed in the event that proof of age is witnessed.