

RICHMOND CANOE CLUB

Adult Beginners Kayaking Course

BOOKING FORM

Start date of course

Name

Address

E-mail

Phone number

Emergency contact name:

Emergency contact phone number:

Can you swim 50m fully clothed? Yes No

Height:..... Weight:..... (this is so that we can arrange for appropriate boats)

Do you have any injuries or medical conditions which could affect your ability to take part in kayaking & canoeing? If so, please give details

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WAIVER AND RELEASE OF LIABILITY

I, the undersigned, acknowledge and fully understand that kayaking is a high-risk activity. I agree to paddle with due care and attention with regard to the safety of myself and those around me. I agree to use equipment appropriate to the conditions prevailing at the time and accept personal responsibility for any injury to my person, which may occur as a result of my participation in these courses.

SIGNED..... DATE.....

Please return this form to: lovekayaking@googlemail.com