

Parents or guardians of children under 18 years of age must complete and sign this form before any activity.

Child's Name:	Child's Date of Birth:
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SECTION A – PARENT/GUARDIAN'S INFORMATION AND CHILD'S MEDICAL INFORMATION

Parent/Guardian's Name:			
Home address:		Email address:	
Emergency Contact Telephone Numbers:	Day:	Evening:	Mobile:

Child's medical information (if applicable)

Please provide details of any medical conditions or allergies your child has which we should be made aware of, including details of any relevant treatments:	
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SECTION B – CONSENTS AND SAFETY & RISK DECLARATIONS

<p>By signing this form, I, being the parent/guardian of the above named child:</p> <ul style="list-style-type: none"> give my consent to my child participating in activities at Lee Valley White Water Centre (LVWWC) and I understand and agree that participating is at my child's own risk. accept that by participating in LVWWC activities my child may be exposed to risks that may result in physical injury and I have discussed these risks and the nature of the activities with my child. have read and understood the Safety for Water Users leaflet and LVWWC rules and regulations (copies of which are available on the LVWWC website) and I have discussed these with my child. have read and understood the Safety & Risk Declaration form (a copy of which has been provided) and have explained this form to my child. I am satisfied that my child is sufficiently competent to listen to, and understand, any safety briefings given to them and to make the declarations contained with the form. accept and have impressed upon my child that the activity instructors will only be able to assist my child if my child follows their instructions carefully and that acting outside the instructor's advice may cause my child or a third party injuries or difficulties. confirm that my child is sufficiently fit and able to take part in LVWWC activities which require physical exertion. confirm that my child is confident in moving water with a buoyancy aid on. have listed above all of my child's medical conditions and/or allergies which are relevant to participating in LVWWC activities and will ensure my child has any treatments close to hand. agree that first aid may be administered to my child if deemed necessary by a suitably qualified person. understand that if my child fails to follow the directions of the LVWWC staff or the activity instructors, or does anything which may cause annoyance or injury to another person, the Lee Valley Regional Park Authority reserves the right to stop my child's participation in the activity and I understand that no refunds will be given in such circumstances. understand that Lee Valley Regional Park Authority Standard Terms and Conditions of Sale and the Lee Valley White Water Centre Terms and Conditions apply.
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Lee Valley Regional Park Authority may occasionally film or take photographs of participants for its publicity purposes, which may include reproducing images and/or footage on its websites. Please tick the box if you agree to us using photographs or footage that includes your child for this purpose: <input type="checkbox"/>

Signature of Parent/Guardian: _____ Date: _____
Print Name: _____