

Section A – GROUP INFORMATION

Company/Group Name:		
Group Contact Name:		
Address:		
	Postcode:	
Telephone no.:	Home:	Mobile:
Email address:		

Section B – DECLARATIONS AND CONSENTS

By signing this form, I, being the Group Leader of the below named participants:

- give my consent to these participating in activities at Lee Valley White Water Centre whilst under my care and I understand and agree that participating is at the participants' own risk;
- confirm I have considered the nature of the activities and the risks involved and have discussed them with the participant and their authorised guardian if under the age of 18 years;
- confirm I am satisfied that the participant in my care are sufficiently competent and able to take responsibility for their own safety and to listen to, and understand, any safety briefings given to them;
- agree that first aid may be administered to the participant in my care if deemed necessary by a suitably qualified person;
- confirm I have provided details below of all of the medical conditions and/or allergies of the participant in my care which I consider might be relevant and will ensure the participant have any treatment close to hand;
- confirm that these participants are confident in moving water with a buoyancy aid on
- understand that an instructor would only be able to assist the participant in my care if they followed the coach's instructions and I have discussed the importance of this with the participant; and
- understand that the Lee Valley Regional Park Authority's Standard Terms and Conditions of Sale and the Lee Valley White Water Centre Terms and Conditions apply.

I, being the Group Leader have shared with participants in this group and their authorised guardian if under the age of 18Yrs the Safety and Risk Declaration from Lee Valley White Water Centre and are aware of the associated risks with participating in their activity.
[Click here to download a copy.](#)

We may occasionally film or take photographs of participants for publicity purposes, which may include reproducing images on the Authority's website. If you do not agree to us using photographs or footage that includes the participant in your care, please tick the box.

Signature of Group Leader:	
Date:	

Participant full name and DOB	Medical conditions/allergies	Participant full name and DOB	Medical conditions/allergies

Please use additional sheet if required.

