



Bewl Water Outdoor Centre  
 Bewl Water  
 Lamberhurst  
 Kent  
 TN3 8JH  
 01892 890716 Telephone  
 01892 891261 Fax



**Participation Conditions and Consent Form**

Outdoor and adventurous activities, like most things in life, are not completely risk free. Whilst your safety is our 1<sup>st</sup> priority and we minimise the risks associated with each activity, it should be understood and accepted that some things are beyond our control and that bruises, bumps and scrapes occasionally happen.

All course participants should be physically able to undertake the activity. Please notify us of any possibly relevant conditions in the space below and consult with your doctor prior to booking should you have any concerns.

All participants must comply with the instructions given by the Centre Staff. Participants in watersports should be confident in water. Weak/non swimmers may still be able to participate in waterbased activities but only with prior notification.

Bewl Water Outdoor Centre and Kent County Council does not provide any personal accident or cancellation insurance cover, nor do we accept any responsibility for any items lost, stolen or damaged whilst at the Centre.

Photographs may be taken during each course for use in our publicity unless you expressly state you do not want this.

**Please state any medical, dietary or other conditions that may be relevant in any way:-**

Please detail any medication, allergies, heart and breathing conditions, etc. Please use additional paper if required.

Emergency Contact (next of kin)

Name

Telephone Number(s)

Participants Address

Mobile

Work

Home

Telephone

Telephone

Telephone

Name, Address & Telephone Number of GP:

I confirm that I have read, understood and agree to abide by the conditions as stated. I also state that I/ the participant am/ is physically fit to take part in the activities; confident in water (watersports courses only) and willing to comply with all safety regulations.

I consent to the participant receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the qualified medical authorities present.

Name of Participant:

Date of Birth:

Signed parent/ guardian if under 18:

Date:

Full Name (please print):

Group:

Date of visit: