

Course Booking Form

Once complete – please return to 7 Warner Avenue, Sutton, Surrey, SM3 9RH or email a scanned copy to info@driftwooddays.co.uk

EVENT DETAILS

Event name	
Venue	
Date	
Event Co-ordinator	
Event details	

PARTICIPANT CONTACT DETAILS

Name	
Address	
Contact no.	
Email address:	
<p>If you are under 18, your parent or guardian must complete and sign the Parental/Guardian Agreement Form below.</p>	

ABOUT YOU

Do you have any previous boating experience or qualifications? If yes, please give brief details.	
Can you swim 25 metres?	
In the interests of your safety do you have any medical conditions or physical or mental impairments that the organiser needs to be aware of that may affect your ability to take part in the Event?	Yes/ No If you answer yes please provide further details in the Medical Information and Impairments section of this form at page [].
Telephone number of emergency contact.	

BOOKING TERMS

1. RISK STATEMENT

It must be recognised that boating is by its nature an unpredictable sport and therefore inherently involves an element of risk. By taking part in the Event, you agree and acknowledge that:

- (i) You are aware of the inherent element of risk involved in the sport and you accept responsibility exposing yourself to such inherent risk whilst taking part in the Event;
- (ii) You will comply at all times with the instructions of the Event Co-ordinator particularly with regard to handling of boats, wearing of buoyancy aids and the wearing of suitable clothing for the conditions;
- (iii) You accept responsibility for any injury, damage or loss to the extent caused by your own negligence;
- (iv) You will not participate in the Event if your ability to participate is impaired by alcohol, drugs or if you are otherwise unfit to participate;
- (v) You will inform the Event Co-ordinator if there have been any changes to the information provided on this form at the time of the Event.
- (vi) You are aware of any specific risks drawn to your attention by the Event Co-ordinator.
- (vii) Narrow Boating involves elements of physical activity including use of locks, swing bridges and controlling the boat. Participants should be able to take part in this as part of the course. Reasonable adjustments can be made and any requirements should be discussed with us before the course.

2. CANCELLATION

You understand that the Event Co-ordinator may cancel or postpone the Event at any stage in the event of bad weather, equipment failure or otherwise. Should this happen, events will be re-arranged for a suitable date. Should you cancel your participation with less than 21 days notice – no refund will be given. Cancellation before 21 days will receive a 75% refund.

3. MISCONDUCT

You understand that the Event Co-ordinator may exclude anyone from a particular session and evict anyone from the premises who refuses to comply with these Booking Terms or who misconducts themselves in any way or who causes damage or annoyance to other persons.

4. DATA PROTECTION

The information you provide in this form will be used to facilitate your participation in the Event and to contact you. The Organiser would also like to include your contact details on a mailing list in order to make you aware of membership opportunities and future events.

If you would like to be included on this mailing list please tick here

If you wish to withdraw your agreement at any time, please contact info@driftwooddays.co.uk

5. USE OF YOUR IMAGE

The Organiser may arrange for images or videos to be taken at the Event and published on the Event or Organiser's website or social media channels to promote the Event or Organiser.

If you agree to images of you being used for this purpose, please tick here.

AGREEMENT

I confirm that I have read and fully understand the above Booking Terms and agree to comply with them.

Signed..... (The Participant) Date.....

PARENTAL/GUARDIAN AGREEMENT

(to be completed if the participant is aged under 18)

Name of participant	
Name of parent/guardian completing this form	
Relationship to participant	
Contact number during Event	

Medical treatment

I give permission to the organisers to administer any relevant treatment or medication to the above-named participant when or if necessary.

In an emergency situation I authorise the organisers to take my child to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Use of your child's image

The Organiser may arrange for images or videos to be taken at the Event and published on the Event or Organiser's website or social media channels to promote the Event or Organiser.

If you agree to the use of images of your child being used for this purpose, please tick here.

If you agree to the use of images of your child being used, please confirm below that your child is not under a court order which may prevent their image being published.

I confirm that my child is not under a court order which may prevent their image from being published.

If you later wish to withdraw your agreement, please contact info@driftwooddays.co.uk

Please be aware that if you later decide to withdraw your agreement it will not be possible to remove your image from any printed material in circulation, or until the next edition or print of the item containing your image is released.

By agreeing to images being used, you agree to assign any copyright or any other right of ownership of these images to the Organiser

PARENTAL/GUARDIAN AGREEMENT (if under 18)

I agree that _____ may take part in the Event. I confirm that I have read through the above conditions with him/her and that she/he understands and agrees with them. I also confirm that he/she takes part in the Event with my full agreement that that the particulars given above are correct and complete in all respects.

Signed.....Parent/Guardian.....

Date.....

MEDICAL INFORMATION AND IMPAIRMENTS

*(For full guidance on collecting personal medical information, in relation to compliance with the General Data Protection Regulations, please see the RYA's **Race, Training and Event Management** booklet)*

If you declared that you have a medical condition or physical or mental impairment that the organiser needs to be aware of because it may affect your ability to take part in the Event please provide details below.

SPECIAL CATEGORY DATA

I confirm that I have given the Organiser the medical information listed on this page (if any) for the purposes of my participation in the Event. I understand that this information will only be used for that purpose and will be retained for as long as necessary to comply with the Organiser's legal obligations.

I agree/ I do not agree (Please circle)

Signed..... Print name.....