**Medical & Emergency Contact Named Person**

|  |  |  |
| --- | --- | --- |
| First name | Surname | |
| Date of Birth | |  |
| Postal Address | | |
| **Email address** | | |
| Your contact number | | |
| **Emergency contact named person (not someone paddling with you)** | | |
| Emergency contact phone number(s) | | |
| Participants relationship to emergency contact name | | |
| Medical Information (please bring your medication with you whilst on your activity) | | |

Stand Up Paddle Boarding is a strenuous activity and carries a level of risk. I acknowledge and accept the need for responsible behaviour including listening and following safety instructions.

I have declared all medical information **& have not tested positive for COVID in the last 7 days.**

I am able to confidently swim in open water and up to 25 metres

I understand the water quality varies due to it being naturally sourced and this water quality can have an effect on health.

I have understood I am responsible for my own safety on and off the water,

In the event of an emergency, I agree to receiving medical treatment, as considered required by the medical authorities present.

I understand and agree to photos taken by Wotbikini will be shared via social media platforms including but not exclusively FB, Instagram, website and shared with third parties for the promotion of my business Wotbikini Stand Up Paddleboarding. I understand personal data is collected Wotbikini Stand Up Paddleboarding in order to provide qualifications and/or awards on behalf of British Canoeing.

|  |  |
| --- | --- |
| Name | |
| Your signature | |
| Date | **Initial here if you do NOT agree to photography** |
| Where did you hear about Wotbikini SUP? |  |
| I have read and agree to the Terms and Conditions & data sharing with British Canoeing | |

Please read via [www.wotbikinipaddleboarding.co.uk](http://www.wotbikinipaddleboarding.co.uk).