



Haven Road, Exeter, EX2 8GX
www.aswatersports.co.uk
sales@aswatersports.co.uk | 01392 219600

BOOKING FORM

Participant Details

Name:	
Address	
Date of Birth:	
Telephone Number:	
Email Address:	

Can we include you on our email mailing list Yes / No

Water Confidence

Can You Swim 25M?	YES / NO
Have you performed capsized drill	YES / NO
If NO to any of the above please advise the instructor before demonstrating a craft	

Health

Do you suffer from any medical condition or disability which could affect your ability to partake in the canoeing activity? I.e. Asthma, epilepsy etc.	NO / YES If Yes , please advise the instructor before demonstrating craft
Are you on any medication which could affect your ability to partake in the canoeing activity?	NO / YES If Yes, please advise the instructor before demonstrating craft

Waiver and release of Liability

I, the undersigned, acknowledge and fully understand that canoeing is an assumed risk activity. I agree to paddle with due care and attention with regard to the safety of myself, and others around me. I agree to abide by the instructions given to me by identified coaching staff.

Please print Name:	Date:
Signed:	Age (if under 18):
Signature of parent/ guardian if under 18:	Please Print Name:

Emergency contact details during activity:

Name:	Contact Telephone number:
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